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Interpersonal competence in challenging encounters: Towards a paradigm shift in human services

Creating conditions for professional development through action research and trauma-informed restorative practice

Marlene Bruun Lauridsen

A dissertation for the degree of Philosophiae Doctor (PhD)   Mai 2022

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Acknowledgments

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Summary

Health and social work professionals meet people with trauma[1] histories, which are often rooted in social or emotional disadvantage, discrimination, poverty, abuse, or neglect. While working with survivors of trauma toward recovery can be rewarding, it can also be complex and challenging. Trauma reactions give us information on basic psychological processes, which are opportunities for both vulnerability and growth in humans. Caring for trauma survivors requires connection and compassion. This is difficult when job demands are high and there is limited time for critical reflection on practice and the building of interpersonal competence. Previous research has indicated that many professionals, some with their own trauma histories, do not feel sufficiently equipped to practice self-care or to cope with challenging communication. Therefore, the aim of this study was to create participative communities to explore some overarching questions and improve practice, starting from an orientation of change *with* students and practitioners. In total, 20 social workers and nine nursing students were invited to participate in a project anchored in the principles of restorative practice as well as action research. The project explored *(1) how participating in a circle-based restorative workshop could inform conditions and hindrances for the learning and development of interpersonal competence in education and practice* and *(2) how we together could contribute to processes of change*. During the project, the participants were provided with the opportunity to explore hindrances to sustainable and ethical practice, and they were also challenged to reflect upon their own attitudes, practices, and practice architectures as co-researchers. The findings suggested that interpersonal competence can be developed through a safe communicative space, such as the circle process, thus facilitating authenticity, growth, and transformation. Moreover, this study contributed to dialogues among research, practice, and professional communities concerned with fostering knowledge on how interpersonal competence and collective care may be strengthened in practice and education. The findings also suggested that a circle-based restorative workshop can be used to strengthen personal and interpersonal competence in encounters with clients with complex needs. Trauma-informed restorative circle processes can

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[1] Relational trauma (aka complex developmental trauma) impacts the developing person in multiple, diverse, and complex ways (Perry et al., 1995; van der Kolk et al., 2005). Trauma is about loss of connection – to ourselves, to our bodies, to others and to the world around us (Levine, 2012).

contribute to a new way of understanding how interpersonal competence may be developed both in higher education as well as in practice. In addition, this study highlighted some of the potential challenges that may hamper such interpersonal development and encounters with clients. It also found that there is a growing need for collective support and care in various practice fields, and participating in a restorative circle process was experienced as useful in this regard.

Abbreviations

AR: Action Research

CPAR: Critical Participatory Action Research

NPM: New Public Management

NVC: Nonviolent Communication

PAR: Participatory Action Research

RC: Restorative Circle

RP: Restorative Practice

RJ: Restorative Justice

TIP: Trauma-Informed Practice

List of publications

Article 1

Lauridsen, M. B. (2020). Læring i sirkel. I A.-L. Thoresen & B. Norbye (red.), Forskning og kunnskapsutvikling i helsefaglig profesjonsutdanning (s. 31–54). Stamsund: Orkana akademisk. https://www.orkana.no/wp-content/uploads/2021/12/kap2_laering-i-sirkel.pdf

Article 2

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Article 3

Lauridsen, M. B. (2021). Individuell og kollektiv sårbarhet i hjelperrollen. In A. A. Kane & Ø. Spjelkavik (Eds.), *Arbeidsinkludering, læring og innovasjon i NAV* (pp. 353–376). Stamsund: Orkana Akademisk. https://www.orkana.no/wp-content/uploads/2021/12/kap14-individuell-og-kollektiv-sarbarhet-i-hjelperrollen.pdf

1.0 Introduction

> "*Rebuilding what has fallen apart is centrally the process of rebuilding relational space that holds things together*" (Lederach, 2005, p. 75; Siegel, 2012).

1.1 What is it all about?

To facilitate change, professionals in health and social work are dependent on purposefully and intentionally using their motivation and capacity to communicate and interact with others (Heydt & Sherman, 2005). To be agents of care and change in an effective helping relationship, one needs to "know oneself," which paves the way for the introduction of concepts related to self-awareness and self-compassion (Bloch, 2018). Heydt and Sherman (2005, p. 27) problematized that "even those with the highest motivation and best of intentions may inadvertently express themselves in unhelpful or harmful ways without adequate self-awareness." Neuman and Friedman (1997) emphasized that a student's personal growth as a professional is primarily reflected in his or her increasing capacity for self-awareness and conscious use of self (i.e., identifying and discussing their own feelings in their work), which is achieved through mastering "one's feelings and motivations as well as understanding how one is perceived by clients" in fields of practice (Barnard, 2012, p. 17). There is a need to determine the kinds of supervision and educational situations that facilitate self-awareness, reflection, and understanding. This knowledge would allow for the interpersonal and personal growth of social and health workers, enabling them to become that crucial instrument (medium) of change (Steinkopf, 2021) – a being that incorporates a relational authenticity. Learning has been suggested to likely be deeper or more connected to practice when it includes reflection. Ideally, students and professionals must actively engage with what it means to be a health or social worker in a personal way. This combination of learning seems to be about much more than teachers imparting knowledge and students learning it. "It is not clear what facilitates such change" (Gardner, 2001, p. 28), but it is hoped that it will become clearer through this thesis.

1.2 Interpersonal competence

Interpersonal competence has been recognized as significant in social work practice and other helping professions, such as teaching and nursing (Feize & Faver, 2019). The highest moral

distress and burnout rates are connected to jobs with great interpersonal dedication (Bauer et al., 2006; Maslach & Leiter, 2016; Warshawsky, Havens, & Knafl, 2012).

Interpersonal competence has both practical and ethical components. It is a key competence in social work and nursing since the ability to connect with others might be one of the best predictors of a compassionate praxis (A. Y. Kolb & Kolb, 2005; Konrad, Wiek, & Barth, 2020, p. 77). Additionally, interpersonal competence increases the ability to collaborate, engage, and motivate others, and also to resolve conflicts. However, "there is little empirical evidence that demonstrates how interpersonal competence is being developed" (Feize & Faver, 2019; Konrad et al., 2020, p. 77). In this thesis, I suggest a restorative and trauma-informed practice.

Interpersonal competence has been the main subject in religions, such as in Christianity through the story of the Good Samaritan and in Buddhism through mindfulness, which is considered a path to self-reflection and -awareness (Feize & Faver, 2019; Seppälä et al., 2017). Moreover, self-awareness is connected to a deeper wisdom of humanity and compassionate practice. In philosophy, the concepts of phronesis and praxis of Aristoteles are relevant in this regard (Kemmis, 2012). Other relevant concepts include the distinction between inward (I – we) and outward attention (me) developed by George Herbert Mead (1934), I-thou the ability to look out for the well-being of others at the heart of what it means human (Buber, 2004), Levinas writings on responsibility for the suffering of the other's, as well as that concerning sociality and ethics in human relationships developed by Søren Kierkegaard (Tilley, 2008).

Interpersonal competence encompasses caring and supportive nonjudgmental behavior. Furthermore, it allows individuals to engage with others at a personal and professional level, demonstrating empathy and compassion toward the situation such that they may build trust and empower (A. Grant & Goodman, 2019; Hardie, Darley, & Redmond, 2021). Interpersonal communication is a social action and is critical to the ability to live and work with other people (Antos, Ventola, & Weber, 2008). It is in difficult communication that relationships are challenged. Therefore, conflict understanding has been given a more central place in the development of interpersonal competence (Cheng, 2015; Mangione & Nadkarni, 2010; McKenzie, 2015).

Supported by the work of Carl R. Rogers and Abraham Maslow on respecting and highlighting every human's ability to grow and Bowlby's (1907–1990) theory of attachment, parents and

teachers are considered genuine role models in facilitating not only learning but also interpersonal competence. Creating the ability to feel with another person can only develop if addressed and developed in an appropriate way by interpersonal relationships and social interaction (Tausch & Hüls, 2014). Mentalization is also central to shedding light on the link between understanding one's own feelings and interpreting social cues (Fonagy, 2004). Despite this knowledge, addressing the issue of how to acquire and develop this competence or practical knowledge – known as *praxis,* is demanding (Dahlborg, 2022; Mattsson & Kemmis, 2007). From a critical perspective, a range of professions and professional practices are perceived as under threat from pressures of bureaucratic control (Mattsson & Kemmis, 2007), which also affects the framework for whether one's interpersonal competence is allowed to be expressed and/or develop. For example, a service where no time has been set aside to build relationships is elaborated on in Section 1.4.3.

Health and social work are characterized by responsibility and care for people with different challenges. Interpersonal and conflict resolution competence is especially critical when helpers collaborate with service users who often need help in many areas of life (helsedirektoratet.no, 2015). Clients with a history of trauma also often have "inter-personal difficulties with family members, difficulties in sustaining long-term relationships, emotional and psychological problems and disorders, [and] difficulty managing anger and stress" ((US), 2005, p. 71; Turner, Wakefield, Gratz, & Chapman, 2017).

The purpose of this study was to respond to the challenges/deficiencies that the field of practice itself describes, providing professionals with the opportunity to explore and further develop their interpersonal competence through a process of challenging and reflecting critically upon their own practices and felt (joined) concerns. This was achieved by inviting professional to participate in a conflict resolution workshop, based on a trauma-informed and restorative practice, and following a CPAR process. My hope is that this study contributes to informing and transforming both educational and professional practice, so that together we can foster a more genuine – and more caring – society.

1.3 My personal starting point in education and practice

The idea for this project originated from the following question: How can practical wisdom or professional knowledge for challenging encounters with clients with complex needs be explored and promoted? My professional work experience and prior education informed the analytical and methodological approach of this study. The project deals with a topic that has engaged me for many years, ever since I wrote my Master's thesis in Education in 2003. In that thesis, I empirically studied and reflected on how ethical awareness could be fostered among students to encourage them to become more critical and authentic, as well as to develop their courage and relational competence in life and praxis (Lauridsen, 2003).

Over the next 16 years, I worked in the public welfare sector in institutional care for youth with diagnoses (Denmark) and in child welfare and outreach work (Norway). I worked with youth and young adults in need of integrated support from school, health, and social services in relation to mental health issues and drug prevention. Primarily, I worked in outreach services with the special aim of reaching out to those who were not receiving sufficient help within the existing support system (e.g., vulnerable young people, often with ongoing trauma or histories of trauma, aged 13–25 years). In those collaboration encounters, I soon experienced a need for an increased trauma-informed and interpersonal competence.

In 2010, I was invited to participate in an instructor education program called "Street mediation" (Foss, 2016). This refers to a conflict resolution and mediation practice built on restorative justice (RJ) principles (Christie, 1976; Howard Zehr, 1998). It was developed by the Norwegian Red Cross and the Norwegian Mediation Service and is described in Geir Dale's book *Fra konflikt til samarbeid* ("From conflict to collaboration," (Dale, 2008). A key aspect of this approach was to enable young people to resolve conflicts through reflection, learning, and personal development in a safe space called the "restorative circle." In collaboration with the Norwegian Red Cross I facilitated restorative circle workshops and similar peace facilitating groups in over 10 years. Through the lens of my practice as a social worker, I experienced the transformative effect that this approach had on the personal growth and interpersonal competence of young people, students, and employees from different professions.

As mentioned, restorative circles are arranged as a space for conflict resolution or conflict transformation. Among other things, they are theoretically anchored in the principles of RJ,

where the aims are to repair harm and wounds that occur in human relationships and to foster healing and empowerment, both at the individual and group level. In Norway, the method is also implemented in schools as "School mediation – Safe learning" (Follestad & Wroldsen, 2017).

Restorative circles, often referred to as "talking circles" or dialogue circles, aim to acknowledge that everyone's participation is significant. The aim is to create a safe space for dialogue as well as increased reflection and understanding of oneself, one's way of acting, or a subject of concern. Equality, respect, nonjudgmental participation, and active listening are important values. The dialogues are structured around what the psychologist Marshall Rosenberg referred to as nonviolent communication (NVC), which is further elaborated in Section 3.1.

From 2010 to 2012, I facilitated many restorative workshops for youth and young adults. Subsequently, I became jointly responsible for training professionals/adults (primarily teachers, social workers, and public health nurses) to become instructors who facilitate workshops for young people at risk.

From my experience of initiating street mediation in Denmark (2012–2014),[2] working as a lecturer at the Department of Child Welfare Social Work (2015–2016),[3] and conducting a pilot study with teachers and health workers (2015–2016),[4] I developed the impression that the approach seemed to be equally beneficial for everyone who participated, regardless of their age, gender, nationality, profession, or personality. In my role as a lecturer, I came to understand that interpersonal skills and competence, which are supposed to be at the core of the practice field in social and health professions, were often taught without consideration of the students' own experiences, trauma histories, negative feelings,[5] or triggers in communication. Rather, professional communication skills were typically taught based on a book on "communication theory," where the teacher explained "what good communication is." Some teachers used

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[2] In collaboration with Aarhus University, the municipality and the Danish and Norwegian Youth Red Cross and facilitating workshops for professionals.

[3] Department of Child Welfare and Social Work program at the Arctic university of Norway, UiT.

[4] United world college (UWC) Twelve teachers volunteered to participate in a five-day conflict resolution and mediation workshop. The challenge at the school was to achieve a good and equal communication between teacher and students from approx. 100 different nations who were attending the school.

[5] Which are often what causes stress and insecurity in collaborative meetings and meetings with challenging clients and relatives.

roleplaying "cases," in which most student refused to participate, or they simply did not show up because the roleplay cases made them feel uncomfortable and insecure. Most teachers found asking the students to share personal experiences too intrusive. When I tested restorative workshops as an approach for dealing with these issues with the students, their feedback on their evaluation sheets was striking; they found this way of working highly fruitful, and some suggested that this kind of restorative workshop should be part of the first semester curriculum. The reason was that they felt so much safer in communication and participating in class in general *after* participating in the workshop. Others remarked that it bound all they had learned and provided a deeper understanding, especially of challenging encounters with children in their practice. In the teachers' written reflections in the pilot study, the main focus was on how it had affected them personally, increased their tolerance for stress, and enhanced their feeling of mastery and safety in conflicts. I was fascinated by the range of openness, honesty, and vulnerability that was revealed in the exercises in the workshop; by the possibilities that I experienced for reflections and exchange of perspectives without judgment; and by the experienced transformation that the participants reported. It was these experiences that inspired me to develop this doctoral study.

I presented my idea to a fellow researcher, who placed my thoughts in an action research (AR) framework, which I had very little previous knowledge about at the time, but became central to the study evolving an understanding of the need for changing practice with stakeholders, I will elaborate on this in chapter 3.

In the next subsection the knowledge gaps and state of knowledge are presented.

1.4 Knowledge gaps and state of knowledge

1.4.1 Lack of coping and insecurity in emotionally challenging work situations

As described in my published articles (Lauridsen, 2021; Lauridsen & Munkejord, 2022), it has been argued that social work and nursing education programs and their practice fields do not invest sufficient time into enabling professionals in emotionally challenging work situations (Per Isdal, 2017; C. Knight, 2015). Furthermore, they might lack knowledge regarding how to build emotional safety and relational awareness. Conflict management has traditionally been framed in professional education and practice as managing "difficult" clients or patients: "The so-called

difficult patient is always at risk of not being considered a real patient, in need of and deserving of care" (Koekkoek, van Meijel, & Hutschemaekers, 2006, p. 800). Moreover, limited studies have demonstrated how professionals can empathize with their patients or clients during conflicts that evoke the professionals' own anger or other negative emotions (Halpern, 2007, p. 696). The "difficult client" approach is problematic considering that emotions have a pervasive influence on human judgment and thought (Clore & Huntsinger, 2007, p. 397). In addition, there is a paucity of tools and competence in conflict resolution among both health and social professionals (Chan, Sit, & Lau, 2014; McKenzie, 2015). Particularly in conflict situations, there is a tendency for professionals to enter a self-preserving state where they follow a more rule-oriented communication style, in which understanding and compassion decrease (Figley, 1995; Klimecki, 2019). Furthermore, research has indicated that people are less likely to be compassionate when relating to someone whom they fear, dislike, or do not understand (Gilbert & Mascaro, 2017; Koekkoek et al., 2006, p. 800). Considering that negative emotions are often triggered in relationships with others, research has suggested that the emotional resonance triggered during conflict can become the basis for compassion through the act of embracing the perspectives of those in distress if given attention (Betancourt, 2004; Halpern, 2007).

Many professionals experience distress, lack of coping, and insecurity in interprofessional cooperation as well as increased work demands. Several studies have reported an increase in burnout and stress-related ailments for this group. Stress is often reported to be triggered by workplace-based interpersonal conflict (McKenzie, 2015), and a study suggested that "hospitals produce burnout among nurses, implying a need for alternative dispute resolution training" (Cheng, 2015, p. 1). Collaboration is a necessity and professionals "cannot avoid differences, disagreements and disputes that may result in conflicts. Conflict is a factor in poor communication, which causes adverse events and harm to patients" (Skjørshammer, 2002, p. 15). When the collaboration is dysfunctional, there is a high chance that the professional network can lose sight of the service user (Luckock, 2013-2015, p. 9). Isdal (2017, pp. 226-228) made it clear that students and professional helpers are not prepared to handle what the work may do to them. He also implied that talking about feelings and reactions related to practice will prevent compassion fatigue, burnout, and secondary traumatizing. Research on conflict and conflict management in a Norwegian hospital revealed a need for conflict management skills and that minimal empirical research has been conducted in the field (Skjørshammer, 2002). Recent studies

(Gildberg, Fallesen, Vogn, Baker, & Fluttert, 2021; Sorensen, Tingleff, & Gildberg, 2018) on newly graduated nurses in forensic mental health[6] have argued that staff interactions and characteristics in the management of conflict situations have not received sufficient research attention. The extant research links perceived safety to a lack of theoretical knowledge, training in conflict management, and support from management and experienced colleagues (Gildberg et al., 2021, p. 415; Sorensen et al., 2018). Furthermore, nurses who feel unsafe and have a low tolerance for conflict tend to act in a more restrictive manner by emphasizing rules, limiting patient freedoms, and demonstrating little clinical responsibility and capability for handling situations (Gildberg et al., 2021; Sorensen et al., 2018). By contrast, nurses with a high tolerance for conflict are more "understanding towards the patients," nonjudgmental, and calm (Gildberg et al., 2021, p. 415). These findings correspond with Stamn (2002, p. 110) assertion that caregivers are at risk of developing negative reactions to their patients when their competency and control are at risk. He suggested that questions of competency arise when professionals perceive a lack of control connected to their own trauma experiences.

1.4.2 Need for self-compassion

Among psychologists, there is a growing interest in self-compassion as a healthy way of relating to oneself (Neff, 2009). An increasing amount of research correspondingly suggests that self-compassion is associated with personal well-being, but relatively few studies have examined how self-compassion is connected to healthy interpersonal behavior (Neff, 2009; Seppälä et al., 2017). Traditionally, compassion has been described as the feeling that arises in response to the suffering of others (Jennifer L Goetz, Keltner, & Simon-Thomas, 2010; Jennifer L. Goetz & Simon-Thomas, 2017, p. 3). Self-compassionate people report being equally kind and emotionally supportive toward both others and themselves (Neff, 2003). According to Neff (2013, p. 146), self-kindness, common humanity, and mindfulness are critical components of self-compassion. The tendency for self-kindness refers to being nurturing and understanding toward oneself rather than judgmental; mindfulness involves being aware of present-moment experiences in a clear and balanced way; and common humanity involves recognizing that all

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[6] **Forensic mental health** provides psychiatric evaluation and treatment services to individuals diagnosed with a mental illness who present a risk to public safety.

people make mistakes, "have problems, and feel inadequate in some way" (Yarnell & Neff, 2013, p. 146). Rowland and Kuper (2018) highlighted the role of critical reflexivity as an underexplored construct in the enactment of compassion. They suggested that research should theoretically engage with mechanisms of how compassion is produced, rather than describing it as a learnable behavior or an innate virtue. Sorensen et al. (2018, p. 130) found that reflective practice is highly valued among professionals and has been found to have a positive impact both personally and professionally as well as on feelings of well-being.

1.4.3 Practice architectures in social and health work

Interpersonal competence must be studied in concrete contexts. The term "practice architectures" describes how existing and new practices are influenced by a variety of situated and contextual structures (Mahon, Francisco, & Kemmis, 2016). Most public human services, at least in Norway, are organized according to the principles of new public management (NPM), which is also referred to as neoliberalism. NPM principles are based on "objective and measurable" goals, often separated from the humanity and nature of society. According to Pyles et al. (2021, p. 285), the context of service delivery, emphasizing bottom lines, outcomes, and performance measurement, is the creation of unstable practice conditions that can harm the therapeutic relationship. Many professionals and clients suffer when agencies and practitioners are rigidly bound by managed care, evidence-based practice, and agency and healthcare guidance, and are forced to apply methods and limit sessions (Rothschild, 2017, p. xiv). Hasenfeld (2015, p. 2) posed the following argument: "Human services for meeting common human needs and advancing social rights, and management practices for revenue optimization, efficiency and organizational growth – are in conflict with each other." Kurz and Bartram (2008) further elaborated how competency requirements, desirable and essential behaviors, and professional values are often detached from relational values. Emphasizing quantitative outcomes and providing too little time for a relational and ethical practice affect employees' institutional trust and emotional state, which can result in sick leaves, low motivation, loss of self-confidence, and depleted mastery (Mahon et al., 2016; Maslach & Leiter, 2016). When professionals are not aware of what is happening in relational processes, they cannot take steps toward the necessary change. Thus, employees are left without a meaningful purpose if what they are supposed to do is not in harmony with their actions. Employees can view goals as disconnected from the

professional value, making them difficult to achieve, which can generate a feeling of alienation from their work and decrease their intrinsic motivation (Kirkhaug, 2009). Furthermore, Kirkhaug (Kirkhaug & Mikalsen, 2009, p. 138) explained how giving power to the administration can become a threat to democratic values. Competition in the workplace has been used to motivate and increase productivity among employees by comparing work performance and stimulating production and efficiency. While this (short-term) strategy can lead to increased output from professionals, "the nature of a competitive work environment has also been shown to promote excessive stress and lack of collegiality" (R. F. Brown, Sharma, & Kibbe, 2020, p. 133).

1.4.4 Call for interpersonal competence for challenging communication

This highlights the need for research on how to promote safety, interpersonal competence, and conflict resolution among nursing and social work professionals. "It is often assumed that people entering the helping professions [educations] already possess highly developed social skills, so the curriculum tends not to focus on developing these competencies further" (Morrison, 2007, p. 26). Studies of social work, nursing, and midwifery students have indicated that levels of social competence vary considerably and that professionals are often unaware of values and beliefs, the theories-in-use that guide their actions (Argyris & Schön, 1974), which can have unintended and undesirable consequences (Savaya & Gardner, 2012). This also highlights the need for more training of interpersonal skills (L. K. Grant, G, 2014, p. 26).

Experiential learning approaches have been considered impactful learning settings for developing key competencies, particularly personal and interpersonal competence. Moreover, personal development exercises have been perceived as a critical element for successful and sustainable interpersonal development (D. A. Kolb, 1984; Savage, Tapics, Evarts, Wilson, & Tirone, 2015), which emphasizes the importance of student participation and emotional engagement (Biggs & Tang, 2011). Educational practice is the most common route to qualify for specific tasks that are essential when working as a nurse or a social worker. However, when this educational practice is used in a narrow sense, the focus on developing a personal ethical compass can be lost. As a result of the NPM logic, every little thing worth learning must be expressed in a quantifiable learning goal. However, this raises the following question: How can we measure interpersonal competence in challenging communication? In my opinion, and elaborated on in the thesis, how

supportive relationships can be fostered between people should be placed at the center of teaching. Furthermore, the aim should be to foster emotional safety and social belonging as they are closely linked to mastery and challenging oneself and thus to personal growth and learning (A. H. Maslow, 1943).

Students can be encouraged to examine their own values, beliefs, and behaviors in several ways. The path to self-awareness can be both stressful and difficult. Students are often afraid of risking exposure to criticism, laughter, or exclusion by expressing views that might not be easily accepted by others (Holley & Steiner, 2005). Honest self-exploration, in the sense of not attempting to justify one's actions, often requires safe spaces "for meeting and confronting demons" (Kerr, 1996, p. 54). The teacher is central as a role model, so that the students will dare to open up and enter into the learning process (Lauridsen, 2003).

1.5 Research questions

The aim of this research is to answer the following overarching research question:

How can participating in a circle-based restorative workshop inform conditions for and hindrances to the learning and development of interpersonal competence in education and practice (for nursing and social work-students?) as well as contribute to a change of practice?

The three published articles included in this thesis explores individual and collective structures for understanding how the development of interpersonal practice may be fostered or hampered. More specifically, the three published articles investigated the following research questions/felt concerns of participants:

1. What are the experiences of nursing students and professionals during and after participating in a circle-based restorative workshop? How can they inform conditions for learning/developing interpersonal competence?
2. How can a restorative and trauma-informed circle process contribute to increasing professional development in challenging communication/encounters?
3. How can providing safe space for critical reflection on one's practice contribute to disclosing hindrances to interpersonal development and an interpersonal practice?

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1.6 Key concepts

In this subsection I will present some of the key concept that will be used in the thesis.

Professionals or helpers: Professionals who embody a position where other people are in need of their understanding, care, and compassion.

Clients: How we refer to people in need of care varies according to country, workplace, profession, and research discipline. Service users, users, patients, clients, consumers, attendees, survivors, job seekers, and customers are among the terms used. In this thesis, I use "clients" to refer to individuals in need of care or other health and social services, who could be anyone of us.

Participants: In this thesis, the term "participant" is usually used to refer to the individuals who participated in the circle, interviews, dialogue seminars, and meetings among others. In addition, some co-researchers and facilitators contributed to certain parts of the study, which is noted where relevant.

Compassion: Compassion reflects the human need for social relationships and lies at the core of health and social care. It highlights a concern for and commitment to relieving the unmet needs and suffering of another as well as the courage to act (Jennifer L. Goetz & Simon-Thomas, 2017, p. 3; Rowland & Kuper, 2018; Sinclair et al., 2017). Exposure to the suffering and distress of others can lead to different emotional reactions; for example, *empathic distress* refers to negative feelings associated with withdrawal, which often give rise to feelings such as anger, mistrust, and helplessness, and consequently, to poor health and burnout. Another reaction is a *compassionate response*, which is based on positive, other-oriented feelings and what one might term compassion satisfaction. Examples of other-related emotions and positive feelings are acceptance, kindness, and tolerance. Compassion training augments positive affect and resilience, which in turn foster improved coping strategies in stressful situations and consequently good health (Singer & Klimecki, 2014, p. R875).

Emotional safety: This refers to "[f]eelings of connectedness and acceptance, accessibility, clear boundaries and expectations, and presence." Attention to the emotional safety of an environment illustrates the importance of safety and how it encourages safe exploration and an evolving sense of personal and professional awareness (Quiros, Kay, & Montijo, 2012, pp. 42-48). It is closely related to the concept of psychological safety, which describes people's perceptions of the consequences of taking interpersonal risks in a particular context, such as in a workplace

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(Edmondson & Lei, 2014). When emotionally safe, people freely speak their mind in a safe and trusting environment (Miller, 2001).

Self-awareness: George Herbert Mead (1934) drew a distinction between focusing attention outward (consciousness) and inward toward the self (self-awareness). Self-awareness means to see oneself; to explore ones thoughts, feelings, and behavior; and to reflect on them when some kind of dissonance (inner or outer conflict) arises. It is a process toward understanding what is directing one's behavior and becoming aware of how one affects others (Leary, 2007). Self-awareness is one of the first components of the self-concept to emerge, and therefore, it is connected to having a sense of self (Siegel, 2007).

Authenticity: "Authentic" refers to what we are and how we are being ourselves. The state of authenticity is perceived as a sense or feeling that one is currently in alignment with one's true or real self, which leads to a genuineness in relation to others (Harter, 2005; Seppälä et al., 2017). In mindfulness, it is an inner voice or awareness that directs us toward truth. In existentialism, it refers to a state of being and a sense of self. Authentic dialogue is defined as an "open and honest conversations where free and critical engagement can be sustained" and "fair exchanges of thoughts lead to reconciling differences [amongst participants]"(Wright, 2017, p. 209)

Vulnerability: We are all vulnerable to various degrees in social relations – to disease, economic deprivation, social injustice, and environmental concerns. Being vulnerable – or vulnerability – is part of the human condition (Angel & Vatne, 2017; Sellman, 2005). Sellman (2005, p. 4) established three levels of vulnerability related to the risk of harm: (1) possessing the ability of self-protection; (2) depending on the security of others or obtaining protection from them; and (3) feeling powerless if the harm is unavoidable.

Theory of practice architectures: This theory draws attention to social life, particularly the different and distinctive ways in which people, objects, discourses, relationships, activities, and circumstances are entangled *in practices* in sites. The theory conceptualizes all practices as being formed socially among and between practitioners as they encounter one another through *sayings* (arrangements of language and specialist discourses), *doings* (arrangements of objects in physical space-time), and *relatings* (arrangements in the form of webs of relationships of power and solidarity (belonging;(Kemmis, Wilkinson, & Edwards-Groves, 2017). Fundamental to the theory

of practice architectures is the importance attributed to the arrangements that enable and constrain the conduct of practices in any given site (Edwards-Groves, 2018).

Participatory paradigm: "The participatory paradigm involves a co-created reality through the interaction between mind and world; in other words, both subjective and objective elements exist, and a participative process develops reality. For the participatory paradigm, experience underpins the epistemology; critical subjectivity or reflexivity interacts with the practical world and the common sense knowledge related to this" (Howell, 2013, p. 88).

Praxis: Praxis is the process by which a theory, idea, or skill is enacted, embodied, or realized (A. T. Knight et al., 2019). Freire (1995) described praxis as transformational action and reflection that can collectively empower both parties, and through which oppressed people can acquire a critical awareness of their own condition (Freire & Macedo, 1995). Practice, on the other hand, means to repeat (an activity) as a way of improving one's skill in that activity.

The restorative circle processes: When the term restorative is used in this thesis it refers to philosophies and practices that encompass a paradigm shift in human thinking (Brummer, 2020, p. 15). The circle is used as a basic tool in restorative practice. It is based on the principles of respect, equality, voluntarism, and participation. The circle process involves exercises, roleplay, and critical reflective dialogue within an ambiance of trust, safety, compassion, and relationship building. Exercises usually begin and end with reflection in the circle.These are a way to allow all members of the community to learn from each other's wisdom when addressing conflicts and harm done in a community. This approach serves to illuminate how the harm has roots in how the community is structured and interacts (Vaandering, 2011, p. 311).

Conflict resolution: In this study, I chose to use conflict resolution, which is closely related to the term conflict transformation but is in contrast to the term conflict management. Key components of conflict resolution, according to John Burton (1990), are getting to the roots of problems and resolving them in ways that further the longer-term goals of everyone concerned. The idea is that conflict resolution occurs when basic human needs are addressed. It is not a tactic but a way of thinking – a set of values as well as analytical and interpersonal skills (Mayer, 2012, p. vii).

Conflict transformation: Lederach (2003, p. 22) defined conflict transformation as the creation of "constructive change processes that reduce violence, increase justice in direct interaction and

social structures, and respond to real-life problems in human relationships." He was referring to the pursuit of change through a radical respect for human rights and life by, for example, inspiring an understanding of "underlying relational and structural patterns while building creative solutions that improve relationships" (Lederach, 2003, p. 19). According to Mayer (2012), transformation occurs primarily through the process of empowerment and the recognition of the other.

1.7 Structure of the thesis

This thesis consists of two parts. Part I is a synopsis containing six chapters and is organized as follows: Chapter 2 presents a theoretical framework for developing interpersonal competence, connecting it to both the participatory paradigm, the restorative mindset, and remarks about safe spaces for learning. Then, trauma understanding is introduced, including polyvagal theory, and finally, how everything is connected to a sense of self is elaborated. In Chapter 3, the inquiry's critical participatory AR (CPAR) orientation is described along with the intervention, a time overview of the process, the data collection, and the thematic analysis. This chapter also includes considerations of trustworthiness, reflexivity, and ethical issues. The three articles included in this thesis are summarized in Chapter 4, followed by a discussion of how they relate to each other and the research aim. Chapter 5 comprises a discussion of the research questions, implications for practice, and contributions to and possible directions for future research. At the end of Chapter 5, methodological limitations and considerations connected to the role as a researcher and participants as co-researchers are presented. Chapter 6 concludes the thesis. Part II comprises the three articles and appendices.

2.0 Theoretical frameworks

In Chapter 1, I clarified some of the practical challenges and knowledge gaps that inspired this thesis. I now summarize the theoretical frameworks that informed the thesis. This theoretical framework draws on insights from a broad range of practices, theories, and disciplines, including indigenous knowledge, theories of critical pedagogy, Restorative Justice (RJ), mindfulness, neuroscience, and humanistic psychology. The chapter aims to highlight the position that I took on the participatory paradigm.

First, I elaborate on the restorative justice and practice mindset that the intervention was based on. To be able to facilitate safe spaces for developing "interpersonal competence," connection, and growth, we must understand what is important for learning and being. Humanistic psychology/existentialism and critical pedagogy offer critical contributions in this regard.

Furthermore, my understanding is based on the polyvagal theory and a trauma-informed understanding. These theories help to illuminate the importance of safety and the transformation of care (Bath & Seita, 2018) in challenging communication from the perspective of both clients and professionals. Lastly, this chapter elaborates on the importance of authenticity and a sense of self in learning and for self-awareness in interpersonal communication. The sense of self is equally important in learning and an ongoing goal of critical reflection. Critical reflection is a process by which one may identify and question the assumptions leading one's actions and develop alternative behaviors and attitudes (Savaya & Gardner, 2012).
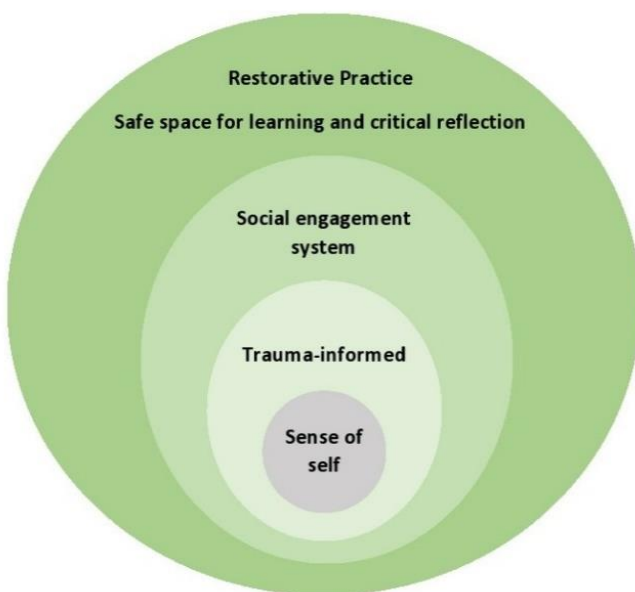
Figure 1. Theoretical framework of this thesis.

Figure 1, illustrates the various theoretical perspectives and how they are interconnected, thus forming a theoretical foundation for this thesis. The restorative safe space enables professionals or students to be in their social engagement system, which can lead to a more trauma-informed understanding and practice that uphold a sense of self. Thus, professionals can meet their own psychological needs as well as those of their client with compassion and continue to critically challenge their own understanding and practice.

2.1 Restorative practice: A mindset for dialogue and conflict transformation

This section presents 2.1 the restorative mindset that the intervention, namely the restorative circle (RC) process and conflict resolution workshop this thesis was based on. Section 2.1.1 keep a focus on the circle as a safe place, section 2.1.2 the role of the facilitator and lastly section 2.1.3 present Nonviolent communication as an inspiration.

Restorative practice (RP) integrates a relational awareness and understanding in meeting challenging communication and conflict, a space for transformation towards a more connected and trauma-informed practice. The RP intervention in this thesis draw on insights from Rosenberg's (2015a) Nonviolent Communication (NVC) and the Theatre of the Oppressed, which was first elaborated in the 1970s by Augusto Boal (1985), who used theatre as a means to promote social and political change. Furthermore, the intervention is inspired by Dominic Barters, who implemented RC in Brazilian schools and courts to provide people with alternatives to punitive outcomes when harm has been done (Barter, 2012; Dzur, 2017). All of the above are influenced by the work of educators and philosophers such as Paulo Freire, Abraham Maslow, and Carl Rogers.

By introducing the RC and RP as a pedagogical tool or "mindset" in education and practice, I consciously made a choice to focus on the more confidential and personal aspects, the dialogical relationships, which are aimed at empowering people as opposed to using power over and forcing a change upon people

RP draws on insights from Restorative Justice (RJ)) movement (Christie, 1976; Vaandering, 2014; Howard Zehr, 2002a.), which is a relational theory of justice, building on values such as interconnectedness, inclusion, responsibility, humility, honesty, mutual care, and nondomination (Pranis, 2007). RJ as well as RPs are concerned with building sustainable communities based on

the principles of dialogue and restorative approaches to conflict. Thereby seeking ways to reach a resolution or even a long-lasting transformation in people's relations with the world, others, and themselves. According to Howard Zehr (2011) restorative processes aim at "personal and interpersonal transformation and can open spaces for social transformation"

The RP movement is concerned with finding ways for all members of a community to learn from each other's experiences and wisdom in addressing conflict and harm done in the community. Three key ideas are as follows: (a) human beings are interconnected with each other and with their environment; (b) well-being can be dismissed or nurtured through relationships; and (c) all human beings are equally worthy (Vaandering, 2010, 2011; 2013, p. 320). RJ is highlighted as a way of being in the world, and not simply a response to harm done (Llewellyn & Howse, 1999). A debate is ongoing regarding the terms *restorative* and *justice*, especially connected to an overemphasis on individual rights and justice as fairness (Christie, 2013; Vaandering, 2010; Wolterstorff, 2008). In addition, there is ongoing criticism of whether RJ can be used to gain discipline or control (Vaandering, 2013).

Nils Christie's article "Conflicts as Property" is a foundational document for the RJ and community empowerment movements, both as a normative critique of expert power and as an outline of an alternative to (punitive justice) traditional criminal justice practices (Halvorsen, 2014). Christie (2013) elaborated how justice should not be mistaken with deciding who is "right" or "wrong" but rather acknowledged for its potential for change and improvement in any conflict:

> Conflicts are important matters for any society. They can create chaos, destruction, misery – at both the individual and social level. But they can also bring us forward – both at the individual level and as social systems. We can develop, understand more about others and ourselves, and come out of the conflict with increased insight and improved social arrangements. Conflicts can be seen as forces moving individuals and social systems towards improvement – if tamed and used in a good way (Christie, 2013, p. 15).

Vaandering (2010, p. 307) suggested a broader understanding of justice "in which justice is identified as honoring the inherent worth of all and enacted through relationship." Wolterstoff's (2013, p. 390) clarification of the concept of justice in RJ was significant and meaningful for this thesis as it described the process, outcome, and philosophical foundation:

- Justice is a call to recognize that all humans are worthy and to be honored simply because they are human.
- Injustice occurs when people are objectified.
- The term restorative becomes meaningful as it specifically refers to restoring people to a state of being honored as human.
- Social justice is that opposed to social injustice, speaking out against injustice, and trying to alter or eliminate those laws and social practices that promote injustice.

The terms of justice can be applied to all parts of the system, namely health and social services, judicial, and education. "When one cares about someone, one not only seeks to advance their wellbeing; one also seeks to insure that they are treated with due respect for their worth" (Wolterstorff, 2018, p. 151). This is closely related to what Freire referred to as transformational action and reflection, where dialogue can collectively empower both parties (Freire & Macedo, 1995). Freire (1972) identified humans as subjects and was concerned with how we see ourselves in relation to others. It therefore becomes crucial to create environments (space) where humans are respected as subjects, nurtured, and set free through respectful relationships (Vaandering, 2011). The next section will explore RC as such a space.

2.1.1 The circle as a safe, communicative, and empowering space for learning and growth

RP acknowledges that all human beings have the same basic needs for safety as well as the pervasive universal need to belong (Baumeister & Leary, 1995; Kaufman, 2020; Abraham H. Maslow, 1968). Research has indicated that close relationships are vital to various indicators of well-being, including happiness and mental and physical health (Berkman, 1995; Vangelisti & Perlman, 2018, p. 1).

A key tool in RP and the circle process, as presented in this thesis, is the creation of a space for developing emotional safety through offering a nonjudgmental space and building trust in a group; thus, participants can feel safe enough to meet self-perceived challenging situations with openness and curiosity. Furthermore, contributing to everyone participating actively and taking responsibility for themselves. Those are ideals that the facilitator of a restorative circle process continuously must strive to achieve together with all participants and as elaborated in section 3.9.3 always will be affected by the experienced power imbalance.

The approach emphasizes respect for the views of others and encourages those who participate to be open and listen with their heart while others speak (Sams, 1990; Wolf & Rickard, 2003). The

use of circle processes in teaching and practice is structured to promote dialogue by building relationships, establishing norms, and developing an understanding of diversity (Boyes-Watson & Pranis, 2015, p. 23). Braithwaite (1989) described a fundamental aspect of RP as its ability to build and restore relationships within a society in which disconnection is becoming the norm rather than the exception. "People thrive when they are in good relationships with others and their environments" (Evans & Vaandering, 2016, p. 31).

Throughout the period of my doctoral project, interest has been growing in the use of circles as practical approaches to building community and increasing accountability and relational competence in higher education (Murray, 2018; Pointer, 2019).

2.1.2 The facilitator: Creating alignment and togetherness

In a restorative setting, the *facilitator* first and foremost attempts to establish a safe, nonjudgmental learning environment based on the restorative mindset, where participants feel acknowledged and respected and therefore dare to do the following: participate authentically, raise their consciousness, listen to others, and challenge themselves to obtain an increased understanding about themselves and others through dialogue (Dale, 2006; Follestad & Wroldsen, 2017; Zehr, 2002a.). This is closely related to mindful awareness, which Siegel (2007 p. 16) explained as a state of being in which a now-and-here experience can be sensed when we feel accepted and acknowledged with kindness and respect for what and whom we are (Cameron, 2016), and where no reflections are right or wrong.

The circle process begins with a check-in, which creates the possibility for everyone to be seen and listened to and marks a ritual transition from everyday life to the present community. It helps to create a safe space where the facilitator speaks for themself, asks open-ended questions, and has a conscious relationship to the attitudes that are communicated to the participants through body language and gaze (Dale, 2006; Foss, 2016; Pointer, 2019). In addition, the facilitator uses several techniques to lead the group process, including games with movements for creating energy in the group (Foss, 2016, p. 113). The circle differs from the traditional lecture because the facilitator is an equal. In the circle, everyone faces each other, and there are no tables or other disturbing obstacles (Boyes-Watson & Pranis, 2015; Pointer, 2019).

2.1.3 Nonviolent communication a crucial aspect of restorative practice

Along with RP, NVC was a crucial aspect of the intervention in this thesis. Developed by clinical psychologist Marshall Rosenberg in the 1960s and 1970s, NVC was described in his book *Nonviolent Communication: A Language of Life* (Rosenberg, 2015a). NVC concerns the integration of the following elements:

- *consciousness* – principles that support living a compassionate life, collaboration, courage, and authenticity in relationships
- *language* – understanding how words either can contribute to establish a human connection or alienating distance
- *communication* – knowing how to ask for what we truly need, how to listen to others, stay connected under even the most trying circumstances, and move toward solutions to meet both parties needs
- *means of influence* – sharing "power with others" rather than using "power over others." Power-over leads to punishment and violence. Power-with leads to compassion and understanding

NVC serves our desire to do the following three things: (a) increase our ability to live with choice, meaning, and connection; (b) connect compassionately with the self and others to have more sustaining relationships; and (c) share resources so that everyone can benefit. NVC and RP were influenced by the work of Carl Rogers (Cameron, 2016; Rosenberg, 2015a), who described the elements that make interpersonal communication enriching and enhancing. According to Rogers' experience (1980, p.26), these elements are a deep satisfaction with being heard; a sensitive ability to hear and be more authentic, which in turn brings forth more authenticity from others; and consequently, a greater freedom to give and receive love.

At the heart of NVC lies the intention to connect with others and ourselves; therefore, it is often referred to as *heartfulness* or compassionate communication, that "strengthen our ability to remain human, even under trying conditions" (Rosenberg, 2015b, p. 3). Compassion is a way of being that can be cultivated through practices such as NVC. Rosenberg was inspired by *ahimsa* (Sanskrit for peace free of the intention to do harm) and emphasized that instead of building walls and barriers though a judgmental and evaluating language, we should rather build bridges, connections, and a mindful attunement in which people can flourish and grow (Rogers, 1980;

Siegel, 2012). This way of thinking has inspired the research process and the importance of safety for learning.

2.2 Safe space for learning dialogue and conflict in learning

The role of the facilitator in the circle study was inspired by Freire's (1974, 1998) description of dialogue as both ontological and epistemological. The dialogue can therefore equally explain something fundamental about being human as well as how we can grow as human beings through dialogue. It is through the act of acknowledging one's own vulnerability and insecurity that courage may develop (Freire, 1998). The relationship is strengthened when a facilitator/teacher, as in the intervention in this study, is confident in her own insecurity and vulnerability and dares to talk about emotions, including her own (Lauridsen, 2020).

According to Holley and Steiner (2005, p. 50) the metaphor of a "safe space" has emerged as a description of an environment that allows people "to feel safe enough to take risks, honestly express their views, and share and explore their knowledge, attitudes, and behaviors. Safety in this sense does not refer to physical safety". Instead, it refers to protection from psychological or emotional harm , that is, from "injuries that individuals suffer at the hands of society" (Boostrom, 1998, p. 399), which could be in education or practice. Safety in learning is considered to involve respect for differences, not the repression of conflict. As bell hooks (2005: p.8) suggested, "[s]eeing the classroom always as a communal place enhances the likelihood of collective effort in creating and sustaining a learning community" that values and *encourages student expression.* Similar to this thesis, hooks was deeply influenced by Freirean critiques of formal education and its approaches to dialogic education: "A dialogic approach aims to position students as active subjects acquiring and constructing their own critical knowledge, rather than as passive recipients of knowledge determined by powerful institutions." Such a dialogue is most meaningful when it starts from the lived experience, needs, and aspirations of participants (Missingham, 2013, pp. 34-35). Experiential learning approaches have been considered impactful learning settings for developing key competencies, particularly personal and interpersonal competence (Davis, Socha, & Razmov, 2003; D. A. Kolb, 1984; Savage et al., 2015). Being safe is not the same as not being challenged, which is discussed in the next section.

2.2.1 Conflict's role in learning

While conflict can be harmful, it is also part of people's daily lives. Furthermore, it is an important part of how people learn (Davis et al., 2003). Giving students or professionals the opportunity to address triggers and conflict in their own lives makes them perceive trying out different ways of acting in the world to be worthwhile. John Burton (1991) refers to conflicts as deep-rooted and related to ontological human needs. A more generative interpretation of conflict is "challenge." The concept of challenge tends to open our space of opportunities to conflict transformation (Lederach, 2003). It also implies that the creative solution may involve changing our self, rather than changing others. Starting with ourselves is much more realistic given that we have little power to change other people. Furthermore, it allows us to learn and transform in situations when required. This can be facilitated by creating an environment of safety and regulating the amount of conflict, thus enabling students to learn how to use conflict with a transformational orientation to build understanding and relations instead of being overwhelmed or discouraged by it (Davis et al., 2003; Lederach, 2003).

A safe space is embodied when most participants trust that they can openly express their individuality, even if it differs from the norms. Being safe is not the same as being comfortable in an environment without discomfort, struggle, or pain (Holley & Steiner, 2005). To grow and learn, people often need to confront issues that make them uncomfortable and force them to struggle with who they are and what they believe (Boostrom, 1998; Holman & Freed, 1987). However, if one is to risk self-disclosure, the rewards must outweigh the penalties. Creating a safe space can reduce the negative outcomes experienced by students and professionals willing to risk disclosure (Holley & Steiner, 2005, pp. 49-50) as is explored in this thesis.

In a study by Holley and Steiner (2005), the majority of students reported that classrooms that felt safe encouraged the honest sharing of ideas and challenging issues (e.g., struggles) as well as an increased willingness to participate. Furthermore, they experienced more challenges in terms of personal growth and awareness (Holley & Steiner, 2005, p. 49). In this thesis, the "involvement of oneself" in learning and in the field of practice was an important theme, as was the development of a reflective relationship to how we influence others and thus to what extent learning arenas and the field of practice facilitate this. According to Metcalfe and Game (2008, p. 25), "[l]earning is a mode of being, a way of life, and, as a meeting with difference, learning is

awareness of being alive" – which is an understanding that is fundamentally ethical as well as ontological and existential (Arcilla, 2017). As explored in this thesis, learning processes can be initiated when environments are characterized by dialogue and active participation, allowing people to open up to and bring themselves in (Lauridsen, 2003).

2.3 Social engagement system and trauma-informed care

Trauma-informed practice (TIP) has much in common with RP and illustrates the need for safety to create open and authentic connection in learning and practice. TIP incorporates the core principles of safety, trust, collaboration, and empowerment to avoid inadvertently repeating unhealthy interpersonal dynamics in the helping relationship (Levenson, 2017, p. 205). Perry and Szalavitz (2017) illuminated how we can reduce rather than increase harm by seeking to build a loving and caring community, where interpersonal competence can be considered a key competence. Furthermore, Bath and Seita (2018) highlighted the importance of focusing on safety, connection, and coping in daily life outside of the therapy room. Safety needs are closely connected to survival as well as higher-level growth needs. Building connections fosters resilience by meeting growth needs for belonging and generosity. Coping enables the individual to meet life challenges as well as to manage emotions and impulses underlying traumatic stress (Bath, 2015, p. 6). According to Fallot and Harris (2008, p. 6), becoming trauma-informed entails a shift in the culture or "paradigm" in human services, as does RJ, which is a response to harm done and an alternative to punishment. It involves changing the ways in which we think – about trauma itself, the survivor, and the ways we act in structuring and offering services. Professionals "not only consider that all clients might have experienced some form of past trauma but also respond to their vulnerability and strengths rather than challenging their behaviour" (Levenson, 2017, p. 111).

Leading neuroscientists and psychologists (Neff, 2009; Ogden, Minton, & Pain, 2006; Perry & Szalavitz, 2017) have elaborated on how bodily sensations, emotions, and higher processes of the brain are related to safety by linking the evolution of the autonomic nervous system to affective experience, emotional expression, facial gestures, vocal communication, and social behavior (Porges, 2009, p. 90). *The polyvagal theory* (Porges, 2017b) is related to both learning and how we communicate when challenged. Unconscious processing of information from the nervous

system – so-called neuroception – continuously evaluates signals from the environment as safe, dangerous, or life-threatening (Porges, 2017a, 2017b). Porges identified the following three neural circuits involved in regulating autonomic states: sympathetic fight/flight, parasympathetic shutdown, and the social engagement system. Furthermore, three underlying autonomous platforms that are critical for behavior, emotion, and cognition (Porges, 2017a), namely the dorsal vagus system, the sympathetic nervous system, and the ventral vagus system. These platforms are described as follows:

1) The oldest and most primitive is the dorsal vagus system, which is related to parasympathetic immobilization and metabolic preservation under severe stress or in life-threatening situations. When one feels unable to defend oneself or flee, the body responds by preparing to play dead. This immobilization can manifest in shutting down, fainting, and dissociating (fear-induced immobilization). Blood pressure drops and respiration slows; the digestive system stimulates elimination; muscle tone is reduced; and consciousness and cognition begin to fade, closely connected to a loss of energy and sense of self, leading to passivity (Porges, 2007, 2017a).

2) The next platform or circuit is the sympathetic nervous system, which is a global activation system that emerged during the reptilian period. The primary function is to mobilize large muscle groups; muscle tone, blood pressure, and respiration increase in response to danger, making the organism prepared to fight or take flight. The mobilization makes it difficult to look for positive cues and immobilization can make a person unaffected by positive input, but it also enables people to act when threatened or flee (Porges, 2011).

3) The ventral vagus system is the most recently developed autonomous platform. It has its origins in mammals and is particularly well-developed in primates. The ventral part of the vagus nerve is myelinated and has branches to the respiratory system, heart, and muscles. There are two key functions of this system. The first contributes to downregulation (the vagus brake), a visceral homeostasis where the autonomic state promotes growth and repair by motor fibers, sending inhibitory signals to the heart. This reduces heart rate and induces sympathetic activation, cortisol secretion, and deep relaxation (immobilization without fear; Porges, 2011). The second function is the "social engagement system," which refers to how branches are connected to socially related vocalization, hearing, and facial expressions (Porges, 2011). The system is engaged when we experience safety in our environment (ourselves) and enables us to feel compassion and connect.

This provides mammals with the ability to connect authentically to oneself and others, collaborate, communicate autonomously, express emotions, as well as downregulate defensive behavior. These abilities have evolutionarily been necessary for the development of complex social behavior and are connected to the mobilization of creativity, play, and personal growth. Accordingly, the function provides the opportunity for both mobilization and immobilization without fear (Porges, 2017a). The social engagement system has many things in common with the "window of tolerance," often referred to as a zone of arousal in which emotions can be experienced as tolerable, information can be processed and integrated, and everyday life demands can be met and responded to in a calm and connected manner (Ogden et al., 2006; Siegel, 2012). The window of tolerance relates to how much stress one can endure before one's body turns on survival mode, and how stress can be processed in a healthy manner. Polyvagal theory illustrates the critical role of safety. Porges challenged the inconsistency between the bodily feelings of safety and the way many Western societies value thoughts (i.e., "I think I feel safe") higher than feelings (i.e., the body actually being in survival mode and thus feeling unsafe; (Porges, 2017a).

While the window of tolerance theory highlights how to manage stress and cognitive regulation, polyvagal theory clarifies why feeling bodily safe is so vital and how related it is to prior experiences, and also acknowledges that adaptive coping strategies often labeled as "difficult behavior" are symptoms of deeper harm. Honoring choices is crucial in empowering people to make decisions that affect their lives, thereby bringing a sense of self alive.

2.4 Sense of self, self-awareness, and authenticity in professional practice and learning

As elaborated in section 1.4.3 Kirkhaug (2009) described, an increasing disconnectedness from professional values as well as a growing alienation, leading to a felt concern that the practice architectures in social and health work do not allow professionals to have a sense of self and stay connected to their reason for choosing the profession. According to Thomaes, Sedikides, van den Bos, Hutteman , and Reijntjes (2017) as well as Harter (2005), the state of authenticity is perceived as the sense or feeling that one is currently in alignment with one's true or real self and genuine in encounters with others. Authenticity can be seen as taking off one's "mask" and "being oneself." Philosophers such as Kierkegaard and Sartre (Harter, 2005) and psychologists such as Rogers (1956) have considered authenticity fundamental to human growth and healthy

psychological development. Rogers pictured a fully-functioning person as someone who lives congruently with his or her "true" self, arguing that this self-actualization requires an environment of psychological safety (Rogers & Freiberg, 1994). Rogers (1959) argued that for people to *grow*, they need an environment that provides them with acceptance (being seen with unconditional positive regard), genuineness (openness and self-disclosure), and empathy (being listened to and understood). Pointing at, a primary focus on the quality of interpersonal relations in education, client encounters, and the workplace as a whole. Rogers (1967) added that education tends to turn out conformist, stereotypical individuals whose education has been "completed," rather than freely creative thinkers. "Creativity [7] and imagination are considered as humanity's most powerful tools for personal and societal transformation" (Ockuly, 2019, p. 4). Freire (1972, p. 48) simplified "being" by distinguishing between people living "*to be*" and living "*to be like*". Vaandering (2011, p. 317) describe how "People living *to be like* constantly seek approval and direction, limiting their potential to discover their uniqueness. They become imprisoned or are convinced that being imprisoned in the control of another is acceptable and even inescapable". People living *to be,* on the other hand, "have healed their trauma and have thus begun the journey of discovering more fully what it means to be human." Having a sense of self refers to both agency/autonomy and authenticity in the professional role. It is when we bring our true selves to the table, step outside of our comfort zones, and speak up that "we are open to all aspects of this transformational opportunity" (Lamb, 2016). Authenticity requires a persistent movement toward becoming, self-creation, and change – not toward any particular content or end, but toward what Kierkegaard called subjective introversion directed toward one's true nature – toward the deeper meaning. Being true to oneself is closely connected with having a purpose in life; otherwise, the core of being a human is lost (Lauridsen, 2003; Taylor, 1991, pp. 42-43).

According to Sedikides et al. (2017), the state of authenticity is experienced as greater relaxation, compassion, pride, and excitement. It involves meeting one's psychological needs of self-esteem, connectedness, autonomy, competence, pleasure, safety, and purpose. Furthermore, research has suggested that authenticity enhances subjective vitality (i.e., feeling alive and energetic) and well-

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[7] Creativity, according to C. Rogers, consists in exploring by the person of his own inner psychical world; in the course of this exploration, he designs new adaptive ways of behaviour and overcomes his own restrictions when interacting with the outside world

being as well as increases meaning in life (Lenton, Slabu, Sedikides, & Power, 2013; Sedikides et al., 2017; Thomaes et al., 2017).

Sartre and Kierkegaard understood *inauthenticity* as the very basis of our existence; therefore, according to them, "self-realization" is at the very heart of our human life. This is why injustice and a lack of social responsibility can be perceived as being caused by a self-forgetfulness (Jonker, 2001). Feeling *in*authenticity is in alignment with an untrue or false self, self-forgetfulness, or not having a sense of self, which is often the main challenge in psychiatry, especially in connection to dissociative disorders (Harter, 2005). Inauthenticity is experienced as greater anxiety, sadness, disappointment, and fear – which co-occur in response to being in a difficult situation, being evaluated, being socially incompetent, feeling isolated, and conforming to or failing social expectancies (Gino, Kouchaki, & Galinsky, 2015; Lenton et al., 2013; Sedikides et al., 2017). Freire (1972, p. 69) identified and called for humanization, stating that "[n]o one can be authentically human while he prevents others from being so." The phrase "being genuine" is connected to how we relate to other people. Genuineness is connected to reaching out to others in a caring and authentic way. Thus, being genuine means being warm toward other people. In Freire's theoretical understanding, the "action" component is as critical as the dialogical aspect – it is neither sufficient that a person only reflects on his circumstances, nor is it advisable that he should act without reflection. Freire called this relationship between reflection and action *praxis*, expressed in the collective ability to *name* the world, or to change it (Freire, 1972, p. 86; Servant-Miklos & Noordegraaf-Eelens, 2021). According to Lamb (2016), it is in living in the sense of purpose in our daily work, open to all aspects of transformational opportunity, where our authentic selves can not only live but also thrive.

In this chapter I introduced some of the theoretical perspectives that have inspired the thesis. The next chapter present the orientation of inquiry as a bridge between theory and practice.

3.0 Orientation to inquiry and methods

In this chapter, the Critical Participatory action research (CPAR) orientation as well as the intervention are described. Furthermore, a time overview of the process is provided, followed by descriptions of the data collection and thematic analysis. This chapter also includes considerations of trustworthiness and ethical issues.

3.1 A bridge between theory, practice, and learning

In this thesis, the orientation to inquiry was conducted through participative and reflective processes in the sense of bringing action and reflection, theory, and practice together. The circle process workshop and its facilitation were key elements in involving participants and thus providing them with ways (a communicative space) to increase dialogue and commitment related to their practice and challenges (Bradbury, Reason, & Bradbury, 2001; Tiller, 1999). Action research (AR) is a participative and democratic process that, according to Reason and Bradbury (2008, p. 189), "seeks to do research with, for, and by people; to redress the balance of power in knowledge creation; and to do this in an educative manner that increases participants' capacity to engage in inquiring lives." Both Kemmis (2012) and (Eikeland, 2007) have elaborated on the relationship of AR with Aristotelian *phrónêsis* (practical wisdom) and *praxis* (deliberating dialogue). Moreover, they have reflected on the often taken-for-granted distinction in plentiful research between "the knower" and "the known," or between "the researcher" and "the researched." This distinction was elaborated in a speech by Bakhtin (1974) "Towards a Methodology for the Human Sciences" and later written as follows:

> In opposition to the subject there is only a voiceless thing. Any object of knowledge (including man) can be perceived and cognized as a thing. But a subject as such cannot be perceived and studied as a thing, for as a subject it cannot, while remaining a subject, become voiceless, and, consequently, cognition of it can only be dialogic (Bakhtin, 1987, p. 161).

This thesis draws on knowledge from both AR in a Nordic perspective rooted in concepts of *Bildung*, pedagogy, and folk enlightenment (Eikeland, 2012; Furu, Salo, & Rönnerman, 2008; S. M. Gjøtterud et al., 2017; Tiller, 1999) and participatory AR and CPAR as a practice – a changing practice (Kemmis, McTaggart, & Nixon, 2014; Mattsson & Kemmis, 2007). Inspired by a critically oriented approach to collaborative inquiry, the goal of this thesis is to create

participative communities to improve practice, starting from an orientation of change *with* students and practitioners, engaging those who might otherwise be subjects of research or recipients of interventions (Reason & Bradbury, 2008, p. 1). The participatory paradigm calls attention to bottom-up approaches and treats people as research participants rather than research subjects (L. D. Brown, 1985) through empowering them and creating a safe, supporting environment for critical reflection and transformation, as was crucial to ensure in this thesis.

According to Hart (1995), AR is particularly suited to identifying problems in education and clinical practice, and may be especially helpful for developing potential solutions for improving and changing practice. In the pursuit of a practical understanding of and solutions to issues of pressing [felt] concern in the field of practice (Reason & Bradbury, 2008).

3.1.2 Critical participatory action research (CPAR)

CPAR understands itself as a social practice that nearly always starts with a question, such as *"How can we improve this situation?"* Such questions imply a vision to change the world for the better. The research process begins with shared felt concerns and a desire to take action – as well as a common idea that some kind of improvement or change is desirable (Kemmis et al., 2014). As I described in the introduction (Chapter 1), this project evolved from my concern about how clients were met in challenging encounters; therefore, I initiated a dialogue with professionals and students about their "felt concerns" connected to challenging encounters in their practice and the practice architecture they were a part of. CPAR distinguishes itself from AR approaches that are concerned with attempting to do the right thing in a technical sense and following a set of rules; such rules are often disconnected from the historical, physical, and social reality (Breda, 2015, p. 4; Carr, 2006).

The main focus of this thesis is on creating and strengthening communicative space during the circle process to critically reflect on enablers and barriers and act on crises appearing at the boundaries between the lifeworld and systems (Habermas, 1987), between individuals and organizations. More specifically, these are crises that appear when professionals' activities are dominated by the functional rationality of economic and administrative systems in organizations and in the states described in Section 1.5.3, often to an extent where adequate time and space no longer exist for the required intersubjective lifeworld processes that anchor cultures, societies,

and personal identities (Kemmis & McTaggart, 2015). According to Kemmis (2009, p. 463), CPAR is a critical and self-critical process aimed at encouraging individual and collective self-transformation, addressing the way we understand our practices as well as the conditions that enable and constrain our them.

Therefore, the participants in this CPAR-study were given time and space to identify how their practices may be irrational, unsustainable, or unjust for those who are involved in and affected by them. In the study it was done by first addressing participants needs, communication and sense of unjust before addressing the needs of others. The aim was to change harmful sayings, doings, and relatings (Coghlan & Brydon-Miller, 2014; Kemmis et al., 2014).

In simple terms, AR is often referred to as people moving, in successive cycles, from the experience of a topic to a shared reflection on it, alternating between action and critical reflection which is often regarded as a learning cycle (D. A. Kolb, 1984). According to Kemmis and McTaggart (2014), the "spiral" of AR captures the dynamism of this practice but understates its complexity. Therefore, in CPAR the importance is not placed on the degree to which participants have followed the spiral methodically, but rather on the importance of "a strong and authentic sense of development and evolution in their *practices*, their *understandings* of their practices, and the *situations* in which they practice" (Kemmis et al., 2014, p. 19). CPAR is a practice-changing practice with more fluid, open, and responsive overlaps of stages, following the belief that initial plans quickly become obsolete through learning from experience (Coghlan & Brydon-Miller, 2014; Kemmis et al., 2014). Furthermore, facilitating self-guided personal growth is regarded as valuable to collective empowerment (Carr & Kemmis, 1986; Freire, 1974; Furman, 2012).
In this CPAR, the "formation of a communicative space" was in itself a form of action (Kemmis, 2001, p. 100). Researchers and participants aim for an enhanced understand of the learning conditions for interpersonal and professional development needs in health and social education and practice by using a *critical theory* lens to consider and understand the political, social, and cultural agendas impacting them; furthermore, they seek to determine how they can challenge these hindrances to make a change that ensures better working and living conditions for themselves and others (Kemmis et al., 2014).

3.2. How CPAR was situated and defined in this PhD project

Some constraints must be considered when conducting CPAR as a doctoral project because AR usually starts from felt concerns in the practice field. As an external researcher, I was primarily the one who was eventually going to document knowledge, largely aimed at academia, other researchers, and possibly professional educators (S. Gjøtterud, Hiim, Husebø, & Jensen, 2020). At the same time, the overall aim was to empower professionals to create changes connected to their own felt concerns. As presented, I had already explored some felt concerns in education and practice in a pilot study with teachers and child welfare students in 2015-2016, which motivated this thesis. As a PhD student, I had to develop a direction, aims, and research questions to qualify for the PhD position before involving participants in this study. In addition, AR was new to me, and therefore, I needed time to understand the approach well enough to use this perspective. Moreover, I did not know enough about conducting AR to provide deep instruction to participants and be aware of all potential pitfalls; thus, in a way, we were all beginners. The turning point was recognizing that all parts of the intervention (presented in Section 3.3), the restorative mindset, and my theoretical foundation were together deeply affiliated with the cogeneration of knowledge through collaborative, communicative, and reflective processes such as AR, as illustrated in Figure 2. inspired by (Mattsson & Kemmis, 2007) "Requirements of an academic report and aspects of praxis-related research."
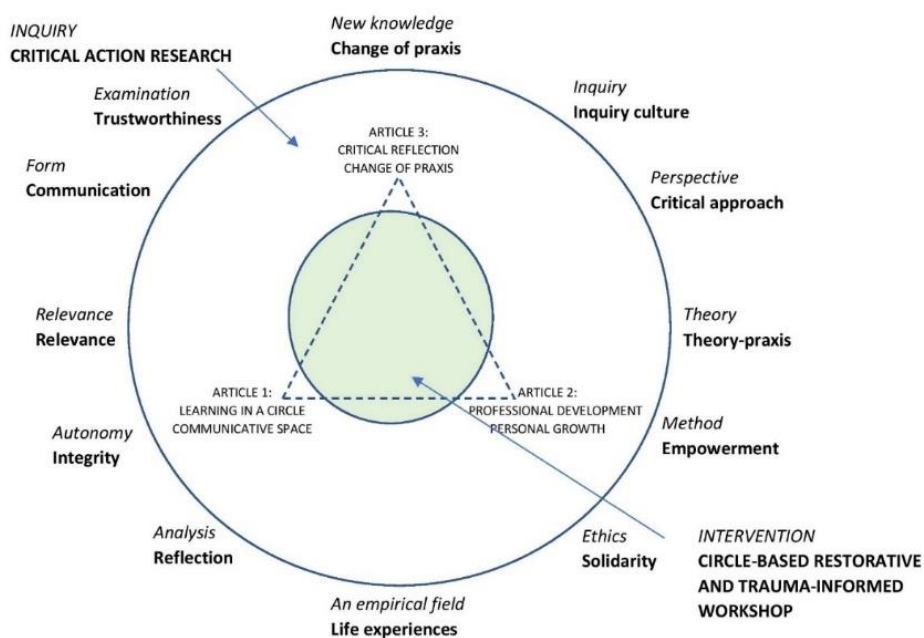
Figure 2: Summary of the inquiry, intervention, and how it was interrelated with the articles in the thesis.

This recognition, led to a greater understanding about developing interpersonal competence as well as provided space for critical reflection on individual and collective vulnerabilities that could lead to a change of praxis.

3.2 Recruitment and participants

To answer my research questions, I recruited 20 social workers and 12 nursing students in 2017–2018 by inviting them to a circle process workshop, where I conducted qualitative data collection within the CPAR inquiry framework. The inclusion criteria for this study were as follows: social workers or nursing students who experience challenging encounters when meeting clients with complex challenges, often with a trauma history. Students were invited mostly to explore the architectures for learning and reflect on whether and how the circle process could be used in their educational programs. I maintained a dialogue with the collaborating organizations/university throughout the planning phase.

Furthermore, I conducted three substudies. Substudy 1 was connected to an ongoing project named University-NAV (NAV = the Norwegian Labour and Welfare Service), which is aimed at improving the co-creation of knowledge and collaboration between the university and field of practice. Information about the study was shared with all social workers at two local offices, who were encouraged to volunteer for participation. Contact information was passed to me by department managers. In substudy 2, employees in two departments at a nongovernmental work inclusion organization were encouraged to participate by their head of department (as a tool for service improvement). The two departments investigate working abilities in clients who experience extended challenges in getting into labour. After I gave a presentation, both departments wanted to participate, so the leadership picked one. Lastly, in substudy 3, a group of nursing students who were about to enter practice in a psychiatric ward or drug rehabilitation facility were offered the chance to participate in the study. They were first informed by their teacher. Before they formally consented, all potential participants were invited to an information meeting.

Thus, the studies included a total of (1) eight social workers employed at NAV who worked with clients classified as having complex challenges in getting back to work; (2) 12 social workers from a nongovernmental work inclusion organization that worked primarily for NAV; and (3)

nine nursing students. Their characteristic are presented in Table 1, where *n* is the number of participants.

Table 1: Participant Characteristics (Gender, Age, and Years of Work Experience)

Participant Group	Gender		Age (Years)							Relevant Work Experience (in Health or Social Work)				
	Female (*n* = 22)	Male (*n* = 7)	20–29 (*n* = 11)	30–39 (*n* = 8)	40–49 (*n* = 9)	50–59 (*n* = 1)	*M*	Min–Max	>5 (*n* = 17)	5–10 (*n* = 9)	>10 (*n* = 3)	*M*	Min–Max
Governmental social workers (*n* = 8)	8	0	1	2	5	0	39	28–59	2	4	2	10	2–24
Nongovernmental social workers (*n* = 12)	8	4	2	5	4	1	39	26–57	7	4	1	5	1–12
Nursing students (*n* = 9)	6	3	8	1	0	0	25	21–32	8	1	0	3	0–8

Every participant in each setting was invited to a two-hour information meeting where they were introduced to the circle and informed about the study in more detail. During these meetings, the participants were encouraged to reflect on and share recurring issues of importance (felt concerns), challenging situations, and their need for professional development on post-it notes, which were stuck to a flip-board for further reflection in the circle as starting points for the CPAR project (Kemmis et al., 2014). Some of the reflections were related to self-development and other concerns related to the participants' practice. For example, some mentioned desiring conflict resolution competence and improved interpersonal skills in meetings with clients; understanding more about power/powerlessness in the employee–client relationship and how it affects balance and communication; and acquiring practical skills for facilitating workshops with clients. After the meetings, the participants signed a declaration of consent (Appendix 1) that confirmed that they understood the conditions for voluntarily participating in the study.

3.3 Intervention: A trauma-informed and restorative circle process

Three separate workshops, which included exercises, roleplaying, and reflection, were organized from November 2017 to May 2018, according to Geir Dale's (2006) book *Fra Konflikt til Samarbeid* (From Conflict to Collaboration) and a trauma-informed understanding. To increase the sense of trust and connectedness in the group at the beginning, all participants were asked what they needed to feel safe in the process. A "talking piece" was passed to each person in the circle, which provided an opportunity for all participants to speak and listen to one another as well as created space for performing self-inspection and critically perceiving the practice field with a new understanding, thus "helping each other to learn and develop" (Eikeland, 2007, p.

354). The participants emphasized and agreed to listen and speak with respect as well as to honor confidentiality. The dialogue continuously progressed through rounds of questions structured according to Rosenberg (2015) when he referred to nonviolent communication (NVC) using the metaphors of the "giraffe" versus the "jackal" (wolf). The giraffe symbolizes the ability to observe, recognize, and communicate feelings without judging and to empathize with oneself and others, whereas the jackal symbolizes a more aggressive and defensive way of communicating by automatically responding without reflection and searching for the weaknesses of others. The metaphors helped the participants to address their own communication strategies in different settings and circumstances. The circle workshops lasted for six full days and consisted of three modules. The nursing students participated in five shortened days that incorporated the contents of the modules most relevant for them as students. The third and last module focused on developing an understanding of how to use restorative circles with colleagues and clients. The circle workshops in studies 1 and 2 lasted for six full days (2 × three days) and consisted of three modules;

Module 1 (Conflict workshop): The first module aimed to strengthen the participants' skills in resolving their own conflicts as well as sharing and reflecting on their own experiences, strengths, and vulnerabilities in connection with themes, such as positive cooperation, conflict understanding, NVC, triggers, anger, enemy images, and conflict management. The module was aimed at improving participants' consciousness of their own sayings, doings, and relatings in conflict situations, and it explored how to communicate in a way that deescalates conflicts as well as how to handle their own conflicts better through theory and practice.

Module 2 (Mediation workshop): The second module aimed to provide the participants with tools for understanding and supporting others in conflict resolution and transformation while focusing on the role and practice of the mediator, dialogue, and creativity. The workshop focused on how to contribute to resolve conflicts (conflict resolution) between others without becoming a part of the conflict. Through roleplay and practice, the participants were trained to facilitate as mediators between two or more parties in a conflict.

Module 3 (Group guidance / facilitator workshop): The last module was held six weeks after the first module to provide the participants with time to act, observe, and critically reflect upon their own practices. The workshop focused on self-efficacy, creativity, and flexibility in conflict

resolution/transformation. This part was further developed in cooperation with practitioners and students based on the training and how they could facilitate circles that involve and anchor people, thereby providing participation and responsibility.

The RC created a context for building trust among the participants to find their voice as well as for sharing, developing knowledge, and reflecting on their inside and outside challenges and conditions.

In the next section the timeline and overview of the intervention and data collection are presented.

3.4 Timeline and overview of the intervention and data collection

Figure 3 illustrates the circle workshop intervention and CPAR process in terms of the individual practices, practice architectures, and felt concerns that all participants were invited to elaborate on in 2017–2019 (Articles 1–3).
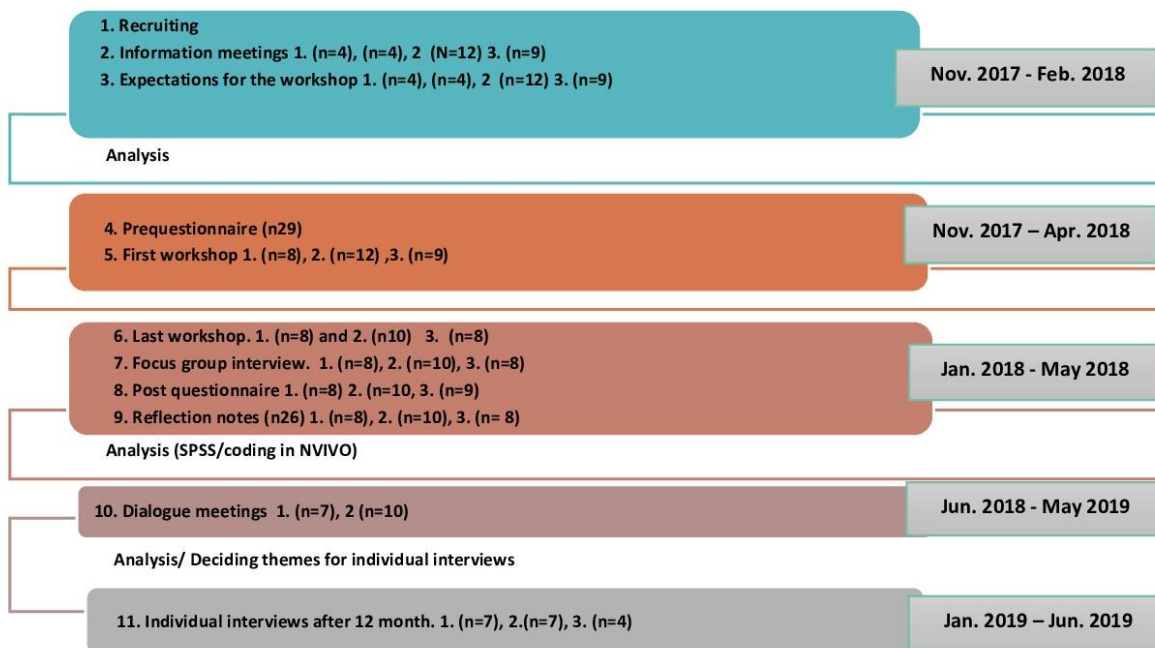
Figure 3: Timeline and overview of the intervention and data collection.

Four of the participants have actively contributed in an ongoing process of transforming the experiences into change at a higher level in NAV and RVTS (Regional competency center on violence, traumatic stress, and suicide prevention).

In the next subsection the methods chosen for collecting the data is presented.

3.5 Data collection

To collaboratively explore and cocreate new knowledge and obtain an understanding of what contributes to building interpersonal competence and practice, as well as of the enablers and hindrances, the data in this study were co-produced and -collected through several approaches. These approaches are described in the following subsections.

3.5.1 Questionnaires

The participants received a questionnaire before and after the circle process (Appendix 2) concerning (1) experienced conflict (resolution) competence, and (2) emotional safety in practice concerning clients, next of kin, colleagues, and leadership and their experienced thoughts/emotions in challenging communication. The outcomes were analyzed in SPSS and presented to participants in a dialogue meeting for common exploration. I produced the questionnaires and used them as a way to explore and reflect on the change experienced among the participants in dialogue meetings. The data (Appendix 3) were presented and discussed in dialogue meetings. Since the results are not elaborated in any of the articles, they are not given so much attention in the thesis.

3.5.2 Reflection notes

All participants received a book to note their reflections in during the circle workshop process (Appendix 4). After completing the workshops, I collected the books. Some participants decided to instead write their reflections in a Word document and send it to me digitally, whereas two participants decided not to share their notes. I as a facilitator and researcher also wrote my own notes in a book, critically reflecting on my preunderstanding before the workshops, how I experienced the facilitator role, as well as the collaboration with the participants.

3.5.3 Focus groups

It is commonly accepted that focus groups generate data through dialogue and meaning making between participants (Hummelvoll & Severinsson, 2005; Malterud, 2012). Focus groups and

dialogue meetings are compatible with the core ideas of AR and RP, through drawing on a dialogic understanding of knowledge development.

On the last day of the workshop in each of the three substudies, a two-hour semistructured focus group interview was arranged (Appendix 5). During the focus group, the participants were invited to share and discuss their concerns regarding the circle process and their current challenges in their field of practice. Although a focus group interview and a circle process may be highly similar, I made it clear that this focus group was to be considered an additional space for participants to obtain immediate reflections on their experiences of participating in the process thus far. The focus group interviews were split in two: first, participants shared feedback on the intervention, and second, they reflected on what changes were required in their practice field for creating better conditions for developing interpersonal practice and personal growth.

After the focus group meetings, I analyzed the quantitative data (questionnaires) in the statistical programs SPSS and JASP. The qualitative data (reflection notes and focus group meetings) were uploaded to a qualitative data analysis software (NVivo 10), as detailed in Section 3.6.

3.5.4 Dialogue meetings

Fifteen social workers participated in the reflective processes that took place in dialogue meetings, which were held after the last workshops between June 2018 and May 2019. A dialogue meeting was offered to the students but was canceled because most had left the university to write their bachelor assignment. The agenda in the dialogue meetings focused on what could be done to promote practical changes in their everyday work situations. During these meetings, the participants were first presented with the preliminary findings from the questionnaires, reflection notes, and focus group interviews, to check (member checking) for resonance with their experiences (Birt, Scott, Cavers, Campbell, & Walter, 2016). Then, summaries of the various findings were reflected on in a circle as co-researchers, where participants decided which themes to dig deeper into in the meeting. A risk of confirmation bias always exists in this kind of meeting, which sought information to support preunderstandings and interpreted news stories in a way that upheld participants' existing ideas. However, in my experience, in addition to the themes I had identified, several new themes were raised during these meetings and hindrances were revealed and discussed by all participants, thus "bring[ing]

about significant transformations in the conduct and consequences of their practices" (Kemmis et al., 2014, p. 85).

We focused not only on challenges in the participants' professional practice but also challenges related to how to deal with participation in the public spheres (practice architecture) they were involved in or that were affected by practice, collectively opening a space for communicative action, oriented toward reaching understanding (Habermas, 1977, 1987). The lack of safe communicative spaces in the practice field was a concern highlighted by all participants. The participants reflected on how they could have required communicative space simply for being and freely reflecting on their own practice. They also reflected on the change experienced through participating in the workshop – namely removing barriers in encounters with clients and colleagues and spending less time worrying. Furthermore, as Sagor (2009) suggested, we sought to understand the world by changing it collaboratively. The dialogue meetings were conducted in meeting rooms booked by co-researchers. I noted that the participants exhibited increased concern for the practice field, had a more analytical and critical attitude toward the practice architecture they were a part of, and seemed safe and happy to meet again.

3.5.5 Individual interviews

All participants were invited to a semistructured *individual interview* (Fylan, 2005) a year after the focus group interview. A total of 18 (14 social workers and four students) agreed to be interviewed. The interviews lasted 55–90 minutes. They were aimed at reflecting on themes that had arisen during the thematic analysis of the experiences from the practice field and data that had been produced in the study thus far. The participants tended to be more specific during the individual interviews and critically reflected on their involvement as co-researchers, the process of changes in challenging meetings, and their overall practices (elaborated in article 1). The decision to conduct individual interviews was made to ensure that all participants had the opportunity to talk what they had experienced as well as what they thought and felt (Fylan, 2005) about the themes that had been raised and participating in the project as co-researchers. This seemed especially important in studies 2 and 3, in which insecurity had been expressed in the groups, which is elaborated in Section 3.9.

In particular, they reflected on the following themes and felt concerns: (a) conflict resolution competence and TIP; (b) perceived needs/challenges of clients, attitudes toward clients, relatives' colleagues, and leaders in the practice fields; (c) good versus bad encounters; (d) professionals' needs, vulnerabilities, and experiences of (not) being taken care of; and (e) resistance to work tasks, leaders, the system, learning, and change. The individual interviews were conducted when and where the individual wanted to meet (e.g., in my work office, over Skype, in a library, or in a meeting room at their workplace). I sent them the themes that I was especially interested in before the meeting. I followed the themes as a semistructured guide, provided follow-up questions, and asked for clarification. After each interview, we reflected on their experiences of participating as participants and co-researchers.

I verbatim-transcribed all recorded interviews and meetings in the study for a total of 23 hours. Their names were changed to numbers to secure the anonymity of the participants.

3.6. Thematic analysis

A thematic analysis was conducted in dialogue with the participants according to Braun and Clarke (2006; 2018; 2019), maintaining a focus on what came up along the way and the ability to report on the findings. The data were continually read through after transcription (paper version), where I commented on whatever associations came to my mind. Then, all of the qualitative data were coded in NVivo (version 12) and sorted based on which felt concerns emerged as the most important in the participants' experiences from the workshop and field of practice. I drew endless mind maps in notebooks and on whiteboards that shared and reflected on the findings with supervisors and participants, becoming familiar with the data. Analysis commenced even as the data collection proceeded, with codes developed, refined, and revised in a cyclical process. This can be described as ongoing data collection, where comparisons of codes occur within and between dialogue meetings and interviews confirm and clarify the codes. The clustering and division of codes led to the appearance of categories, which were also refined, revised, and related to each other. Established categories of data were classified into themes according to the factors and concepts revealed to be important by the participants, and emerging themes connected to the felt concerns were identified. As mentioned above, the analysis was summarized and presented to the participants in dialogue meetings and interviews so that the themes could be

explored and developed with them. All aspects of the research process were rendered transparent to the participants and supervisors. The following paragraphs present a more detailed description of the themes developed in connection to each of the articles:

Article 1: Based on the participants' reflections related to research question 1 (What are the experiences of nursing students and professionals during and after participating in a circle-based restorative workshop? How can they inform conditions for learning and developing interpersonal competence?), experiences and reflections were sorted into the following 15 codes: learning in a circle, safety, reflection, sharing, awareness, getting to know, participation, talking piece, volunteering, facilitators, equality, listening, learning, resistance, presence, and the exercises and content of the workshops. The data were then analyzed to elicit recurrent themes and underlying relationships. The following three themes connected to the learning process were of the highest concern and therefore explored: (1) safety and belonging as a basis for participation; (2) courage to share difficult feelings and thoughts; and (3) relational awareness provides safety in challenging communication situations.

Article 2: After participating in the circle process related to research question 2 (How can a restorative and trauma-informed circle process contribute to increasing professional development in challenging communication/encounters?), the participants' experienced individual processes of change centered on the following main themes related to professional development in challenging communication; *conflict resolution competence* (active listening, expressing emotions and needs, and recognizing communalities); *interpersonal competence* (awareness, open-minded, empathy and compassion toward self, stress tolerance, safety, empowerment, empathy and compassion toward others, and trauma understanding); and *personal competence* (feeling, thinking and relating, self-changes, and affective and moral understanding). Finally, the following four themes were settled on: (1) self-awareness and compassion for others, (2) emotional safety and tolerance for stress in challenging communication; (3) responding to vulnerability instead of challenging behavior; and (4) courage to progress toward personal growth (Appendix 6).

Article 3: From the main topics of the thematic analysis connected to research question 3 (How can providing safe space for critical reflection on one's practice contribute to disclosing hindrances for interpersonal development and an interpersonal practice? What are the experiences

of role as a social worker enables critical reflection and changes in practice and further develops the circle process based on the experiences gained?), themes evolved that were connected to the role of the social worker, triggers, attitudes, individual or joint practice, time for reflection, time pressure, change, management focus, and the need for support as social workers. A picture emerged of the individual and collective consequences in a work situation strongly affected by the NPM context, involving many clients with complex needs, time pressure, and a huge need for arenas for critical reflection on practice and collective support for social workers (Appendix 7). This highlighted themes such as (1) safety and belonging as an empowering foundation for participation; (2) individual and collective vulnerabilities; and (3) an extended need for collective care and supervision involving critical reflection on practice. The participants experienced that the RC could contribute a communicative safe space for covering those needs.

3.7 Ethical considerations

Ethical considerations were a critical concern throughout the different stages of the research process. Before the workshops started, the study was approved by the Norwegian Centre for Research Data (reference number: 55515). Since this AR was also my doctoral project, it was crucial for me to be explicit about the nature of the research process from the beginning, including all personal biases and interests. Mainly, these biases and interests were my positive experiences and expectations from previous workshops as well as my experiences of working with youth at risk. Participants were provided with written and verbal information about the study, and it was mandatory for them to fill out an informed consent form prior to participating (see Appendix xx).

Furthermore, creating an opportunity and the safety to allow participants to speak from their heart were critical concerns during the circle and interview processes. It was similarly important for me to process the material in a manner that safeguarded the integrity of the participants. Although this CPAR project cannot be considered particularly sensitive, I was aware that participation in the workshop could be tough as it required participants to address their own challenges, triggers, and communication; therefore, I informed the participants of their right to withdraw from the project. All participants were given the opportunity to influence the work, and I respected

participants' wishes not to participate. As the development of the work remained visible and open to suggestions, articles in progress were sent to all participants for comments.

There are also ethical challenges around voluntarism in RP circles as well as AR. Even though they appear to both be solid, democratic, and inclusive methods, most practices can still involve hidden agendas. Specifically, in substudies 2 and 3, some of the participants experienced that they had in some way been forced to participate in the workshop (elaborated on in Section 3.9.1). This led to less involvement for some of the participants at the beginning of process, as described in Section 3.9.1 when discussing the reflexivity of the three substudies. During the study, I was also concerned about the ethical implications of my dual roles as a facilitator and a researcher (detailed in section 5.6.1 elaborating further on the limitations of the research process).

AR has been described as a way to empower people (Carr & Kemmis, 1986; Freire, 1982) that is committed to democratic forms of inquiry, where the voices of participants are encouraged and respected as equal; nevertheless, it is practically impossible to escape power imbalances in researcher–participant relationships. The power relations between professional researchers and participants are not necessarily equalized or erased through the mere act of participation (Mattsson & Kemmis, 2007). Thus, issues of power imbalances and the establishment of egalitarian relationships must be addressed (Gillis & Jackson; Maguire, 1987). Both the role of researcher in an AR project as well as that of facilitator in the circle process have some implications concerning power (also addressed in Section 3.9). Thus, through the research process, I attempted to invite all participants to reflect on their own communication, practices, and attitudes on equal terms with me and the co-facilitators.

In the restorative workshop, I addressed the issues of equality in statements such as "the reason why we are seated in the circle is because we are all equal." Furthermore, I attempted to establish safety from the beginning by writing the following on the flip chart: "What do you need to feel safe – to share difficult feelings and participate authentically?" Moreover, by sharing vulnerable issues, I attempted to accomplish coherence between my sayings and doings. One of the participants elaborated on this in the focus group interview, stating that it was important in their realization that the process was not "some bullshit" (supported by the others), which made them share things that they would otherwise have kept to themselves. Even though I believe that I provided everybody with the opportunity to be heard and speak from their heart, I cannot claim

that everybody did so as I presume that people always hold some things back. There is no way of being certain that all participants felt emotionally safe. It always takes courage to come forward and share. Nevertheless, I believe that I can claim that even though they did not all feel the same degree of safety, most participants shared more than they usually would have done. The participants had reflected, at different levels, on their practice and personal experiences prior to the research; therefore, it was not possible to compare the participants.

All interviews were recorded and verbatim-transcribed by me, and all personal interviews were sent out afterwards for accuracy and resonance with their experiences. During the subsequent work of transcribing the interviews as well as dialogue meetings, I safeguarded confidentiality and respect for the integrity of the participants in the study by using a number instead of their name.

3.8. Trustworthiness

Reliability and validity have long been the main criteria for assessing the quality of quantitative studies; however, it has been a struggle for scholars to agree on how best to evaluate the quality of complex qualitative studies, such as the present study. Personally, I believe trustworthiness to be a key concept in this regard. Trustworthiness may be conceptualized in several ways. In the following paragraphs, I draw on some of the dimensions that increase the trustworthiness of a study. According to Lincoln and Guba (2007), these are as follows:

Credibility: Credibility establishes whether the research findings represent plausible information and whether the findings are compatible with the perceptions of the participants in the study. This means that the participants recognized the meaning that they themselves attributed to the situation or condition in their own social context. This encouragement allowed the research process to be a learning event for the researcher as well as the participants.

Prolonged engagement was important in this sense, which means investing sufficient time into building trust and lasting engagement in the field with participants as well as obtaining rich data. It also meant identifying the characteristics and elements that were most relevant to the felt concerns under study. The circle process workshop lasted six full days over a period of two months, which built trust and involved getting to know participants. Furthermore, I was in contact with the students and professionals in the dialogue meetings and individual interviews for one to

two years, and with those who took a more active role as co-researchers for up to four years through collaborating to transfer the findings into action.

Triangulation: As described by Korstjens and Moser (2018), I used different data sources, investigators, and methods of data collection. Data triangulation refers the use of multiple data sources in time (gathering data at different times of the day or year), space (collecting data on the same phenomenon at multiples sites or testing for cross-site consistency), and person (gathering data from different types or levels; e.g., students and professionals). I also entered a dialogue about the findings with leaders and other researchers' supervisors for a critical reflection on the preliminary findings through the process.

Investigator triangulation involves the use of two or more researchers to perform coding, conduct analysis, and interpret decisions. I personally transcribed all tape records, went through reflections notes, reflected on the data coding afterwards, and explored how to pursue change with the participants, which gave me the opportunity to delve deeply into the data. Even though I had the main responsibility in the analysis and interpretation, decisions were made in close dialogue with my co-author on one article, my supervisors, and the participants/co-researchers. To decrease bias due to my role in facilitating the workshops, interviews, and data analysis, the second author of one of the articles and supervisors contributed a critical outside perspective. Furthermore, two different co-facilitators critically reflected on the intervention process.

Method triangulation means using multiple methods of data collection. This study combined different quantitative (pre- and post-questionnaires) and qualitative methods (individual and focus group interviews, dialogue meetings, and reflection notes), sources (audio recordings, PowerPoint presentations, post-it notes and flipcharts, and field notes), and investigators (co-researchers, participants, facilitators, and the researcher).

Peer debriefs: Outside of the research context and in research communities, I discussed the project with my supervisors at conferences, writing seminars, research groups, and my networks. Furthermore, my co-researcher presented findings and reflected with me in four different conferences or workshops, and I collaborated by discussing the project with several academic researchers and networks in the fields of RP and AR networks in Norway, Sweden, Germany, New Zealand, and Australia. During this research project, I was invited to present my research project and preliminary findings to the Department of Restorative Justice in Wellington, New

Zealand. Moreover, I participated in a PhD course on AR in Melbourne, Australia with prior online meetings facilitated by Stephen Kemmis and other leading academics in the field, which was vital. Furthermore, I was privileged to obtain valuable feedback on one of the articles in the writing process from Kemmis and other action researchers in my network.

Member checking: Transcriptions and summaries were checked by the participants to ensure the (context-specific authenticity) "accuracy and resonance with their experiences" (Birt et al., 2016, p. 1802). of the findings, to obtain feedback on the data, and to involve the participants in making analytical themes, interpretations, and conclusions, which were critical parts of this CPAR project. They strengthened the data, especially because the researcher and co-researchers might have looked at the data from different perspectives.

3.9 Reflexivity

Reflexivity is referred to as the process of critical self-reflection on oneself as a researcher (one's own biases, preferences, and preconceptions)(Roulston, 2010; Underwood, Satterthwait, & Bartlett, 2010). According to Maso (2003), personal reflexivity is about staying open and aware to how one's values, interests, and personal identity may influence and be influenced by the research process – that is, how my own personal background and professional training may have informed the different phases of the research. As a PhD researcher, I came straight from the practice field, where the overall research question originated, building on my prior education, experiences, and curiosity to understand more about interpersonal encounters and their opposites. I therefore found it easy to invite other practitioners as co-researchers – yet, was I perceived as an equal? I perceived myself as a social work practitioner (2000-2017), given the great opportunity to create new knowledge about something that was close to my heart and mind, and maybe to be able to collaboratively make ground for or sow a seed for a change, first of all for the clients in need of help. However, as the research progressed and I explored practice with other practitioners, it became increasingly clear that students and professionals were "doers and sufferers" (Habermas, 1977, p. 8) in need of empowerment and a change just as much as their clients were.

Empowerment is recognized as a mark of quality in an AR project. Bradbury and Reason (2001, p. 448) emphasized that "people will get energized and empowered by being involved, through

which they may develop newly useful, reflexive insights as a result of a growing critical consciousness." The fundamental approach that emerged from Freire's work (1970) was the notion of conscientization (i.e., the idea of developing, strengthening, and changing consciousness), in which learners become actively engaged in identifying problems, questioning, analyzing, and developing strategies for change, supporting for example students or practitioners' inquiry. Freire argued that the oppressed must engage in uncovering the world through *praxis,* which he described as transformational action and reflection, and that dialogue can collectively empower both parties (Freire & Macedo, 1995).

During this research process, I actively sought to be as open and reflexive as possible about my own preunderstanding and theoretical foundation as well as my subjectivity and that of my co-researchers. In the study, we all articulated views and recognized similarities and differences in our experience. In the following section the three substudies will be examined separately.

3.9.1 Reflexivity in each of the three substudies

Substudy 1: The first substudy became the study with most engagement from participants. The reasons explored by participants were that (1) they came from two different municipalities, which made it easier to be curious and address issues related to one site as well as for them to become aware of issues that concerned the political architectures of the practice field (as described in Section 1.4.3); (2) they all volunteered to participate (participants in the other two studies also volunteered, but they were offered the chance to participate as a group, which entailed some issues (explored underneath); and (3) the leaders demonstrated interest and wanted to join a similar workshop and also had an interest at the higher levels of the organization to make experiences and knowledge a part of leader development and continuing education. Furthermore, several collaborative projects were being conducted in the same period, reflecting the organizational need and wish for change. There were also established arenas for a continuing dialogue, where results were presented locally and nationally over the period 2017–2020 and are included in a scientific anthology with other studies (Kane & Spjelkavik, 2021). In sum, there was better anchoring in the leadership since it was connected to the overall UIT-NAV project and balanced with strong, experienced voluntarism and autonomy.

Substudy 2: This substudy was initiated through a former colleague and friend, who presented the project to the top leadership in a nongovernmental labour and inclusion services organization; subsequently, I was invited to present the project to two department managers. After the introduction, both department managers wanted their department to participate. One was selected by the leadership and the whole department was, as in substudies 1 and 3, invited to an information meeting as presented above. At the second workshop, one of the participants came to me in a break and told me that she felt sorry for us because we did a fantastic job at engaging but there was resistance in the group. She stated that one of the participants with a large influence was speaking negatively about the workshop, and people were also exhausted because of a turnover in the organization. I addressed the issue with the group and asked if and how it affected their participation. It opened up a dialogue and raised an interesting exploration on resistance. The insecurity was explored in the group. It concerned some participants worrying that the leadership was obtaining information from me, and that it would be used in the process of announced cuts in positions. It emerged that the whole workplace was undergoing changes with major economic and time restrictions; consequently, many were worried about losing their job or about the consequences that the changes would have on their practice. They were also worried about their clients, and many questions were raised concerning the practice architecture. This situation illustrates how destructive it can be when insecurity is not placed where it belongs in the practice architecture. A critical ethical consideration was my connection to one of the leaders. Rumors had been spread that maybe this was an initiative by the leadership to spy on them. The resistance was therefore addressed and became a theme in all interviews and dialogue meetings, including how others' resistance can hinder participation even though the facilitators bring safety to the group. When we met in dialogue meetings, the reflections concerned top-down changes that had been made in the period; as a result, some people had quit their job while others were on sick leave or experiencing symptoms of burnout. They reflected how they needed communicative space to reflect on their practice as a group with the section leaders as equals. They addressed the hierarchy of communication in the organization. Some participants in interviews revealed that they felt group pressure, pressure from one person, or a feeling of being left out if they did not participate. According to what they said, it had nothing to do with the facilitation, but it was interesting how the resistance of a few participants who did not trust the circumstances constrained others and affected the whole group's experienced safety. This was highly useful in

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the further reflections connected to safety and learning. This was exemplified by two participants in the individual interviews, who explained that the experience had made them not share and critically reflect as deeply with the group. Most participants found it very useful for their practice or personal development, and the whole group experienced attaining a much-improved work climate and getting to know their colleagues better.

Substudy 3: The location of substudy 3 was at the university. Just before it started, there was a change in the teacher responsible for the group. The new teacher was skeptical and had not participated in the planning and introduction to the process. This resulted in frustration from the teacher, which was passed on to the students, and I reflected on this in my reflection book as well as with my supervisor. The plan and agreement were that the teacher should participate in the group on equal terms with students. We did not succeed with that plan, as the nursing teacher who was supposed to be involved only participated in two of the five days and left after some exercises that she experienced as uncomfortable. This sheds light on the importance of and reflections on voluntarism in research. A couple of participants had been afraid of exclusion if they did not participate. As in substudy 2, there was also some insecurity and resistance connected to prior experiences with co-students that made it difficult to share authentically. Therefore, it is of great importance to imply that participants not always have the prior understanding to fully understand what the volunteered to[8], and as in my project neither did I fully know what I invited them into. Safety is a crucial issue to address in all learning and practice communities, and it seems to be becoming increasingly important in already established groups.

3.9.2 Research as empowerment for contributing to change

Here, I mainly reflect on participation as a part of the circle process workshop and the CPAR. Being with others and belonging to a web of relationships are of great importance for most human beings (Arendt, 1958). The inquiry connected to participation as authentic or based on conformity was continuous throughout the project. Anderson (1998) declared that "participation has been absorbed into educational institutions in ways that are often manipulative and

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[8] Everyone in study 1 and 2 was invited to reflect on "how they experienced participating in a research project as co-researcher" in a teams-meeting in august 2021. Only the three participants choose to participate in the meeting.

nondemocratic." A conformity founded participation can be grounded on an anxiety for being left out of the "web," as illuminated in substudy 3, which makes people more occupied with saying the things that they think others want or would like to hear. Conformity, as I see it, can be related to the bandwagon effect; what is said and done the most becomes the truth – often causing an inner conflict to be incompatible with "equality based on unique distinctiveness" (Santos, 2016, p. 640). It is more likely that participation governed by a feeling of "I have no choice" will lead to people wearing a mask and not sharing honestly. Authentic participation, on the other hand, creates conditions for restoration based on an experienced foundation of trust and a certainty that an individual will be listened to, that he or she can drop the mask and share – trusting that it will not be used against them (O'Shaughnessy, 2019).

In RP, voluntary participation is critical. Likewise, in critical AR, if equity is promised and not put into practice, it can do more harm than a research practice where clear boundaries exist between researcher and participants. As in substudy 2, the research process revealed that some participants experienced that their participation was not voluntary. It is therefore necessary to reflect on voluntarism, not only at the beginning of the process when I spoke out and honestly said that I was curious about exploring the experienced resistance in the group. Barriers were removed and suppressed feelings of insecurity emerged, which changed both participation and the energy in the room. The main point here is to emphasize how central vulnerability is in participation; when one wants to achieve empowerment and emancipation from inner and outer restrictions or boundaries that keep people from participating, it is especially critical to reflect on how participation – even when voluntary – can be experienced as forced. This also illustrates the close connection between the CPAR and the intervention as approaches creating conditions for practitioners to participate. As researchers, we cannot ask and explore the positive and negative conditions enough as well as what is upholding them and how to go about creating change.

3.9.3 Power imbalance and experienced safety in the circle

The Restorative circle (RC) and Critical participatory action research (CPAR) processes aim to promote participation, safety, empowerment, and equality. As elaborated in article 1, the following factors can help in dismissing the expert role and contribute to experienced equality and safety: (a) the mindset of facilitators; (b) the talking piece and equal right to speak; (c)

speaking without interruptions; and (d) the possibility to pass when taking rounds in the circle. As explored in Section 3.9.1, it is important that this is the goal – not always what happens. According to Lyubansky and Shpungin (2015), power dynamics have been under-studied, -discussed, and -appreciated by the restorative movement. Circles in certain contexts (contrary to good RP) can be experienced as alienating, oppressive, and brutally controlling (Christie, 2013; Vaandering, 2013; Wolterstorff, 2013). The circle is an indigenous idea, but it is not sufficient to just sit in a circle; it must be facilitated according to certain principles for it to have the potential transformative effect. Conceivable conditions that constrain the democratic process can be types of power relationships, which can affect the open and authentic dialogue between circle participants. Furthermore, it is crucial to be aware that relations between participants or other communities can have an influence, even though the circle and facilitators are experienced as safe. Thus, one can end up ignoring or replicating existing power hierarchies (Lyubansky & Shpungin, 2015). As discussed, when resistance is perceived or participants seem unengaged or not to be present, it can be processed by addressing it with a genuine curiosity, making it a theme for reflection, going deeper into what lies behind the resistance, and constantly addressing the power imbalance. Thus, one can unmask some cover ups (Kemmis, 2006). In this study the unmasking is closely connected to the process of becoming more self-aware. We can never avoid the effect of power. It is a question of what effect it has (Nielsen & Christensen, 2002). The more safety and trust participants experience the less control and *power over* others they need, which open up for *power with* , and empowerment of oneself and others *power within* (Starhawk, 1987, p. 9) –connected to our common humanity (Neff, 2003; Nussbaum, 2003). This will be elaborated in section 5.4. The next chapter include a synopsis of the three articles and the main contributions to change of practice.

4.0 Summary of the articles

In this chapter, section 4.1- 4.3 present a summary of each of the three individual articles, then section 4.4 describes some of the changes the CPAR prosses contributed to.

4.1 Article 1

Lauridsen, M. B. (2020). Læring i sirkel. I A.-L. Thoresen & B. Norbye (Red.), *Forskning og kunnskapsutvikling i helsefaglig profesjonsutdanning* **(s. 344): Orkana Akademisk.**

Article 1 aimed to increase knowledge about the use of restorative circles (RC) and its facilitation. RC is suggested as a pedagogical arrangement of the learning environment, where students can develop their interpersonal competence, defined as relationships with the world, with others, and themselves. Furthermore, where they can develop the courage to use their voice in the field of practice when ethical dilemmas arise. The RC was presented and elaborated as a space of equality and nonjudgment, which was structured to promote belonging and safety as well as to encourage active participation, critical reflection, and honest idea sharing. While exploring the circle as a learning environment, the article introduced some critical assumptions about higher education and sought to contribute to the debate on NPM and the competitive and standardization society by liberating and empowering students and professionals. It was based on a belief that we are created and develop ourselves in relationships where we are challenged while simultaneously experiencing belonging, and where it is safe to be human (Freire, 1974; Rogers & Freiberg, 1994). Article 1 focused on data (mainly reflection notes and focus group interviews) collected considering (1) the participants' experience of participating, learning, and reflecting, which are critical in a RC, and (2) the opportunities that existed in using the circle (RP) for facilitating learning in education and the practice field, with the main emphasis on the development of interpersonal competence. The study implied that safety and belonging are essential for active participation and the circle manifested as a community of mindfulness, where everyone was listened to and given the opportunity to share their challenging experiences, vulnerability, and strengths, which is in contrast to traditional education, where they often feel disconnected and disengaged. Moreover, the participants elaborated that the process required much energy and highlighted the importance of their own commitment/engagement and participation for transformation and growth. The article further elaborated that when students and professionals are given the opportunity to explore their own communication, experiences, and

practice in an interpersonal and safe learning community, this contributes to increasing emotional safety and interpersonal and trauma-informed practice, as elaborated in article 2.

4.2 Article 2

Lauridsen and Munkejord (2022), Creating conditions for professional development through a trauma-informed and restorative practice. *Oxford Publisher Social Work*.

Article 2 explored how participants experienced personal and professional growth after participating in a restorative and trauma-informed circle. Sharing emotions and challenging situations created well-being, bonding, and understanding among the participants. The findings suggested that given time and space for reflection in a setting characterized by equality and safety, professionals can develop increased (a) self-awareness and compassion; (b) emotional safety and tolerance of stress in challenging communication; (c) trauma understanding; and (d) personal growth. These were described as a process that led participants to understand challenging encounters with colleagues and clients in light of their own triggers and experiences. Addressing fear and insecurity in practices seemed crucial to building self-awareness and self-compassion. Many felt calmer, more compassionate, and more motivated to help their clients after participating, and as they felt calmer, they became more open to the vulnerability in themselves and others and increased their "sense of self." Moreover, this enabled some of the participants to break down barriers and others to lean back and provide more empowerment and attention to clients. The change to a more restorative and trauma-informed practice led to increased well-being among professionals and clients. The findings supported recent research on the development of compassion (Seppälä et al., 2017, p. 382), demonstrating that reducing insecurity and shame by increasing self-compassion in professionals can be a powerful strategy for enhancing personal and interpersonal well-being.

4.3 Article 3

Lauridsen, M. B. (2021). Individuell og kollektiv sårbarhet i hjelperrollen. In A. A. Kane & Ø. Spjelkavik (Eds.), *Arbeidsinkludering, læring og innovasjon i NAV* **(pp. 353–376). Stamsund: Orkana Akademisk**

In article 3, the participants elaborated on and critically explored the inner and outer circumstances that hinder and contribute to interpersonal competence and practice. The key finding from this study indicated that many professionals experience not having the time to build

relationships, and that they do not feel prepared for the negative feelings and insecurity that may arise in challenging encounters. This can have consequences for whether the user is perceived as difficult or vulnerable; the help the user receives; and the professional's feeling of mastery and compassion satisfaction. Participants questioned what they presumed to be a comprehension in education and the workplaces, namely that lived lives could be separated from professional lives and that interpersonal competence and reflections on practice were not invested in. The study indicated that the difficulties in client encounters are not only due to a lack of competence. Continuous changes in the system and efficiency goals were described by the participants as contributing factors. Despite the good intentions behind client participation, requirements for efficiency and increasing time pressure appeared to negatively affect health and work. Many had experienced some degree of burnout or compassion fatigue. The professional experiences of individual and collective vulnerability and emotional insecurity in challenging encounters raised some critical assumptions about the overall system that professionals are a part of. Participants identified a need for a safe nonjudgmental space for challenging attitudes and expressing feelings and thoughts connected to their practice.

4.4 Change process and further development

A key element of this thesis was to inquire about understanding and mutual involvement that could lead to processes of change, where fields of practice and education could be developed and improved through collaboration (Kemmis et al., 2014).

A major problem in AR is to identify a change of praxis and the quality of the change (Mattsson & Kemmis, 2007). What indicators can be used for this purpose? Concerning the change in this project, the participants had the opportunity to develop and learn from each other through collective and critical reflection, through communicative spaces in the workshop, and through dialogue meetings (Eikeland, 2013; S. Gjøtterud et al., 2020). The participants' individual self-development and change of practice were based on self-reports. Which is elaborated and illustrated in all three articles and Section 5.4 (see also figure 5, p. 64).

In substudy 1, there was an ongoing dialogue during and after the process, and the preliminary findings were presented in a circle at a midterm seminar (see Figure 4) by the participants and the first author to other social workers, representatives from the Norwegian Directorate of Labour

and Welfare and the Norwegian Labour and Welfare Administration, leaders, and fellow researchers. Due to COVID-19, the last meeting became digital, which did not leave the same space for dialogue. Based on the experiences from the study and feedback from participants in their organization, the leadership in substudy 1 requested a similar workshop for managers in both municipalities and for the method to be implemented in continuing education, which was performed by two fellow researchers (Henriksen & Hydle, 2021). Furthermore, co-researchers were involved in providing education for other social workers and offering a circle process at a national conference on social work (INKO 2019). Four participants also participated in presenting the research and facilitating a dialogue on three occasions.

Photo by Hasse Berntsen

Figure 4: Co-researcher presenting findings at a midterm seminar February 2019.

In one of the municipalities, the circle process was initiated in meetings with young unemployed clients, in peer supervision of colleagues, and as an approach for supervising new employees. The participants did not participate in writing the articles, but two co-workers – Guro Asphaug and Gry Eikanger – wrote commentary articles to one of the articles (Kane & Spjelkavik, 2021). One co-researcher, Anna Gundersen, took the initiative to conduct ongoing research, bringing the experiences into a collective (self) care project for professionals working in Northern Norway with people who have ongoing trauma in collaboration with me as a part of RVTS supervision and training in trauma-informed care.

There were no exchanges of findings or dialogue for change in substudies 2 and 3. The workplace in study 2 was undergoing major changes in the organization and there have, at the moment of writing, not been meetings with anyone other than the leader of the department.

At the university, there have been dialogues with some of the responsible teachers, but there have not been concrete changes and exchanges of knowledge connected to nursing education.

5.0 Discussion

This chapter seeks to address how the articles contributed to answering the overarching research question, which was as follows: How can participating in a circle-based restorative workshop inform conditions and hindrances for learning and developing interpersonal competence and practice?

CPAR, RPs, and the presented theoretical framework seem to be intertwined; all are concerned with how to humanize practices and create a safe communicative space for critically challenging thoughts, actions, and relationships. The epistemology of CPAR sets a high agenda for pursuing and creating change oriented toward social justice, as desired through RP. During this project, both I and my co-researchers "interrogated both ourselves and the circumstances in which we [found] ourselves and shape[d] how we were thinking, what we did, and how we relate[d] to others and the world" (Kemmis et al., 2014, p. 7), which was concerned with opening up communicative spaces for dialogue and conversation (Kemmis et al., 2014, p. 27). When we understand how deeply we are interconnected with other things, we can more fully understand how we practice.

In all three articles, students and practitioners individually and collectively explored their practice, understandings of practice, and the conditions under which they practice. They did this within a framework of an epistemological and ontological methodology built on CPAR as well as a restorative and trauma-informed practice and mindset. Both RP and CPAR are governed by the participatory paradigm, which underlines the importance of active participation, inclusion, equality, and empowerment through critical reflection. All together the mindsets nurture connections that promote growth and healing in learning and practice. By addressing our own vulnerability and critically reflecting on the practices in which we are participating, knowledge, understanding, and a practice are promoted, allowing us to address complex problems without putting up barriers. In addition, translating theory and data into practical actions facilitates system transformation, which sustains lasting change toward social justice in practice and education. The articles suggested that creating a communicative safe space initiated both individual and social practice transformations, and interpersonal competence for reducing stress and healing trauma.

5.1 Conditions for developing interpersonal competence

All three articles explored how practice is closely related to what it means to be human entering relationships with all of our vulnerabilities and strengths. When viewed through the lens of self-compassion, both the self and others become equally worthy of consideration and care (Neff, 2009). Furthermore, attempting to explore and fill the gap that was identified in the introduction fostered the building of community where people feel connected, supported, and empowered, as elaborated in the social engagement system by Porges (2009, 2017a, 2017b).

Being informed by a restorative and trauma-informed mindset allowed some participants to move from an insecure and control-based practice toward an emotionally safe community-based practice. A red thread through all of the articles was how a reflective practice was valued among the professionals in the restorative workshop and research process and was found to impact the participants' practice positively, both personally and professionally, as well as their feelings of well-being. Article 1 delved deeper into the experiences of participating in the RC and the human conditions behind understanding what promotes personal and interpersonal growth and development. The focus was on both emotional safety and the safe space created or facilitated in the RC – conditions for developing interpersonal skills and competence in education and practice through conflict resolution, understood as described in the content of the workshops. In article 2, the professional development experienced through participating was captured, directing attention to the conditions and challenges of "the gap" in helping professions to demonstrate how a TIP and RP can contribute to (a) self-awareness and compassion; (b) emotional safety and tolerance of stress in challenging communication; (c) trauma understanding; and (d) personal growth. Article 3 explored felt concerns and hindrances in the practice field. It suggested that changing a culture starts with attention on the professional "helpers" as the main instrument of change (Steinkopf, 2021) in all health and social work, as well as an emphasis on the need for creating space for reflection, collectively caring, healing, and transforming the institutions and relationships that are causing the harm in the first place (Ginwright, 2015). Furthermore, article 3 illustrated how insecurity and a lack of emotional safety hinder interpersonal practice and development; furthermore, it is connected to lower interpersonal competence and compassion in education and the practice field. The articles raised a critique of the system under which education and practice are conducted, where professionals are alienated from themselves and their practice.

5.2 Belonging, being, and becoming

This thesis has indicated that when participants were given a space where they experience emotional safety and belonging, exemplified in the RC, they developed an awareness of themselves and of their own and clients' vulnerability, and were supported in opening up and seeing both themselves and traumatized clients through another lens: not as difficult but as vulnerable and suffering (not victims) with needs, strengths, and wishes for the future. This demonstrated that *self-relating* throughout the lifespan and accepting one's vulnerability are important for achieving emotional maturity, which entails and fosters nonjudgment, forgiveness, and acceptance of oneself as well as others (Neff, 2009, p. 213). Trauma is about loss of connection – to ourselves, to our bodies, to others, and to the world around us (Levine, 2012) – while both RP and TIP are about creating safety and building connections for people to be able to cope and grow (Bath & Seita, 2018; Vaandering, 2013). Vaandering (2013, p. 331) stated that there needs to be a paradigm shift "that enables people to be who they are meant to be." A key factor of an emotional connection is the feeling of being understood (Porges, 2011). If we are not listened to, we eventually stop listening to ourselves – to legitimate the practice we are taking part in.

The need for personal growth and transformation often appears in challenging situations where an emotional or moral dissonance is detected, confronted with problems without being provided with the necessary tools for solving them. Altogether, this study has demonstrated that involving professionals and students as partners promoted engagement and understanding in their own practice and an opportunity to create changes during and after the process. Hindrances were discovered on two different conditions: interpersonal development and an interpersonal and compassionate practice, as described in article 3. Article 3 emphasized the importance of continuously establishing safe spaces for reflection in education and practices, "giving professionals the responsibility of reflecting on his or her own practice, providing education and practice fields with a framework for educating students, and facilitating life-long learning (Lay & McGuire, 2010, p. 2). Researchers have highlighted the interrelatedness between liberatory practices (Freire, 1973), experiential learning (D. A. Kolb, 1984), and reflective processes for professionals (Schön, 1987). Reflection has been identified as a key component in learning since it was conceptualized by Dewey (1910). Moreover, critical thinking (Boostrom, 1998) has been identified as a key skill in developing a praxis "when you become a reflective practitioner, you

create awareness and empower your own practices" (Rundell, 2007, p. 54), simply aiming at "becoming better humans for others and for themselves" (Kaufman, 2020, p. 220).

This thesis brings us to the need for changes in both education and practice. This is illustrated by the needs and conditions in the practice fields that make this competence crucial, as well as the consequences of interpersonal development being hindered or professionals experiencing a lack of coping and insecurity. The need for and the power of safety were supported in all articles, and the RC was suggested as an effective strategy for creating the potential for authentic interaction and growth, as well as for building interpersonal and conflict resolution competence for challenging encounters.

The main causes of burnout and work-related stressors are the experience of emotional and physical insecurity on the job (Devilly, Wright, & Varker, 2009). This thesis can be used to understand both professionals and clients' reactions when communication does not occur within a framework of safety. Insight into TIP implies an understanding that relationship building, and good change processes can only occur where both the professional and the client feel safe (Levenson, 2017). We are all vulnerable as human beings, and getting to know ourselves better can lead to increased safety, understanding, compassion, and positive attitudes (Lauridsen & Munkejord, 2022). However, conditions will also be required in the practice field that support such a practice.

Close parallels exist here to mindfulness, where through being present one acquires increased self-awareness while reducing the need for regulation. Mindfulness provides an experience of increased control through understanding, the inclusion of skills in everyday life, and a change in one's relationship to thoughts and feelings – in oneself and in others. Effective approaches here include employing supportive group processes and bringing one's life into one's everyday work (Cairns & Murray, 2015; Wyatt, Harper, & Weatherhead, 2014).

5.3 Relational mindfulness in a circle

In the research process, I found results that were in harmony with research on mindfulness practice, especially those connected to compassion and self-awareness. I therefore decided to take a mindfulness instructor education course during the research process, and I found that the interpersonal space created in the circle has many similarities with and can be understood as

relational mindfulness. Research on mindfulness has increased its support for the beneficial effects of mindfulness on diverse mental and physical health attributes (Khoury et al., 2013; Lindsay & Creswell, 2017). Mindfulness involves sitting with awareness, creating a space for safety and belonging, focusing on acceptance, and not judging what happens regarding thoughts, emotions, and bodily sensations. It is a contemplative practice with roots in Eastern philosophy. Traditionally, it has been about accomplishing wisdom and insight into what it means to be human and what sets us free (Johansen, 2013) as well as understanding our own suffering. Generally, meditation or other mindfulness practices aim at developing this understanding. As our self-delusions dissolve, we become more sensitive to the suffering of others, thus becoming more aware of living an authentic life and being present in what we do – in relations with others and in our sense of self. Mindfulness is also a practice that connects the mind and the body, and space is created to increase both physical and mental peace. It is said to decrease stress and increase well-being, moving toward compassion for oneself and others (Kabat-Zinn, 2013).

It is difficult to answer whether the global attention to mindfulness and self-care has arisen because of an increase in work-related stress and burnout, as indicated in this study. In both mindfulness and circle processes, the pace is slowed as we pay attention to being present, accepting, authentic, and enduringly open to the possibility that "I am not what I thought I was" – or of taking off our masks. In the circle, to help us become aware, time and space are created to look beyond and deeper, seeking insight and understanding (Lederach, 2003, p. 9) initiated by a longing for being and self-transcendence toward a more human and full living (Johansen, 2013). Throughout this thesis, the findings suggested that self-relating through reflective processes in the RC can increase stress tolerance and lead to a sense of self-awareness and self-compassion, as mindfulness meditation also can.

5.4 The transforming power of safety

Throughout their careers, many health and social workers will be confronted with compassion fatigue, secondary trauma, or burnout (H. Kim, Ji, & Kao, 2011). However, the intensity of many of these conditions has been suggested to be reduced through compassion and self-compassion, self-awareness, and trauma-informed self-care (Gockel, Burton, James, & Bryer, 2013; Krasner et al., 2009; Stamm, 2002). According to this thesis, conflict resolution training can contribute as well as build creativity, thereby increasing coping. To understand the "costs of caring," it is

necessary to understand what meaningful and beneficial feelings come from caring – which are known as *compassion satisfaction*.

Both RP and TIP seek to empower people in a safe and transformative way through becoming aware of their own emotional experiences in response to challenging encounters. As in the circle process, a relational environment is created that prompts safety and relational awareness, thereby allowing participants to achieve/enter what polyvagal theory (Porges, 2017a, 2017b) refers to as a social engagement state. They let down their defenses and are encouraged to be present, to name and reflect on their own negative feelings, and to express and accept their vulnerabilities in practice and daily life. The conceptual framework of this study rested on how principles of trauma-informed care and RP can be used to activate the social engagement stage as a tool for increasing competence and facilitating compassion satisfaction, the positive feelings that can arise in a helping relationship (Salloum, Kondrat, Johnco, & Olson, 2015).
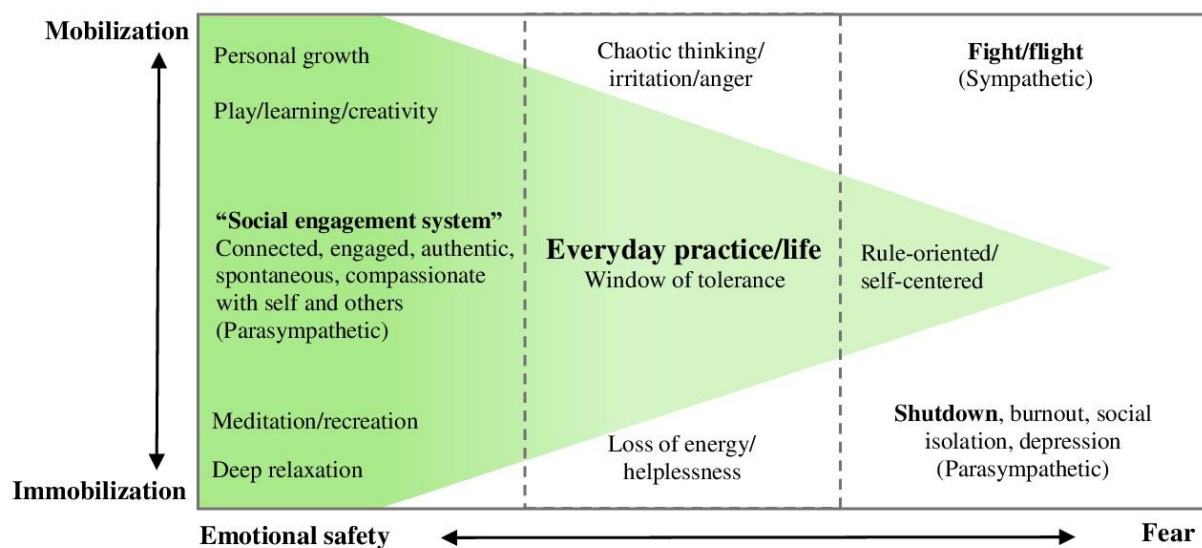
Figure 5: Power of Safety.

I developed the Power of Safety model (See Figure 5) as an analytic tool for analyses through the CPAR process for this thesis, drawing on existing knowledge presented in the theoretical background in Chapter 2 and the articles; in particular, I drew on polyvagal theory and the window of tolerance but also learning theory, existentialism, humanistic theory, RJ principles, and trauma theory. Most importantly, it connected the participants' experiences from practice

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elaborated on in this study. The model is meant to illustrate the connection of all themes raised and explored in the three articles. It sums up the results and contributes to new theory by framing an awareness of and connecting safety in learning and interpersonal development and practice to a trauma-informed "human-informed" understanding.

Thus, it ties emotional safety closely to the concept of authenticity and the capacity to be creative and creates a base for understanding self and others in communication, learning, and collective self-care. It also addresses how insecurity and fear decrease both self-awareness and presence as well as the need for controlling behavior and getting compliance, where empowering others is replaced with having the power over others. When we succeed in creating a space for emotional safety in learning it enables the courage to critically reflect on and challenge our self, attitudes, and perspectives (Lauridsen, 2021). Moreover, the theory embraces the perspectives of professionals in emotionally challenging communication and distress, thereby responding to the needs of both professionals and clients (Lauridsen & Munkejord, 2022). The model can help to demonstrate challenges in communication and resilience-promoting communication, not only for people with complex trauma, but for everyone whether they are defined as professionals or clients. When experiencing negative stress, the mind is occupied with worries and fear and exits the zone of tolerance – the "social engagement system" – and contact with self and others is reduced (Rothschild, 2017). A lack of safety and stress hinder learning, compassionate care, and well-being, infusing the control over and focus on self-maintenance. What cues safety can be challenged by both our current situation, in daily life and in practice, where negative emotions can be triggered by individual and collective vulnerabilities, such as a lack of competence, stress, one's own traumas, demanding life situations, experiences of moral injury, time restraints, and the inability to exercise professional efficiency (Lauridsen & Munkejord, 2022). When feeling distress and fear in situations that are experienced as unpredictable, one's overall motive will be to survive. Furthermore, worries about the future, grief over past experiences, or a history of trauma as well as frustration and a lack of mastery in practice are all conditions that make it likely that professionals will recruit defensive strategies, develop negative attitudes, and experience energy loss (i.e., burnout; (Maslach & Leiter, 2016).

Moreover, professionals who experience fear or other negative emotions are less capable of building interpersonal relationships and resolving challenging situations because their coping

style becomes less flexible (creative) and dependent on rules (Porges, 2017a). Thus, fearful and stressed professionals are held in a conforming state that upholds a hierarchical system and a practice that neither benefits themselves nor the clients they are supposed to help.

If considered a collective challenge as suggested (Lauridsen & Munkejord, 2022), these factors require collective healing, a responsibility to equally address the individual and structural causes, and the building of safe communities that recognize the needs of both professionals and clients and facilitate compassion satisfaction instead of compassion fatigue. Compassion satisfaction refers to the positive feelings that can arise in a helping relationship (Salloum et al., 2015). By considering this, this thesis has not only addressed the required safety for developing interpersonal competence for challenging encounters but also how practice architectures are producing fear, exhaustion, and compassion fatigue. Therefore, creating emotional safe environments for learning and practice is critical.

5.4.1 Emotional safety

The results revealed a great need for emotional safety when it comes to deep learning as well as sustainable core competence building, which is not sufficiently met by higher and continuing education in the practice field. We have to investigate "the dialogical relation and the ethics of dialogue [on how students and professionals can be safe enough to be in a zone of connection with self and others in education, practice as in life,] helping each other learn and develop" (Eikeland, 2007, p. 354).

Attention to the emotional safety of an environment illustrates the importance of encouraging safe exploration and an evolving sense of personal and professional awareness (Quiros et al., 2012). Closely related is the concept of psychological safety, which describes people's perceptions of the consequences of taking interpersonal risks in a particular context, such as a workplace (Edmondson & Lei, 2014). When people feel that they are in an emotionally safe and trusting environment, they will feel the courage to freely speak their mind (Miller, 2001). They can experience

1) an unconditional sense of self, authenticity, compassion, autonomy, openness, purpose, engagement, belonging, and being;

2) learning though critical reflection, challenging themselves and the practice architecture they participate in; and

3) the achievement of a more socially just, ethical, and responsible practice built on connectedness and community.

It is difficult to imagine connectedness without a sense of self or participation in critical reflection without a sense of belonging and connectedness to a community. Being safe is not the same as being comfortable. To grow and learn, we often must confront issues that make us uncomfortable and force us to struggle with who we are and what we believe (Boostrom, 1998; Holman & Freed, 1987; Van Soest, 1996). To risk self-disclosure, the rewards (e.g., becoming a better social work practitioner) must outweigh the penalties (e.g., possible embarrassment or mockery). "Creating a safe classroom space can reduce the negative outcomes experienced by [participants] who are willing to risk disclosure" (Holley & Steiner, 2005, p. 50).

Newton and Goodman (2009) defined this as learning in the presence of others. In the beginning, some participants may feel threatened by processes that might literally change their minds, because it implies the taking off of masks as well as cognitive and emotional engagement with others (Newton & Goodman, 2009; Smith et al., 2015). When we change our mind, it opens up new ways of thinking and acting. Metcalfe and Game (2008) elaborated on dialogue as something we cannot do; dialogue happens and implies "a new kind of mind," where a place for the potential for authentic interaction is created, a meeting that brings inside and outside together. Dialogue is, in that way, not located in one or even in all individual participants, but rather in a whole that cannot be compared with the sum of its parts: "Wholeness is a non-identifiable potential that emerges through relations" (Metcalfe & Game, 2008, p. 13). A new kind of mind thus begins to come to life, which is based on the development of a common meaning that is continually transforming in the process. The RC is "a place creating the potential for authentic interaction" that carries and is carried by the participants, where dialogue can occur (Bohm, 2006). That changes who and where and when we are. "Dialogue therefore involves a fundamentally different senses of time, space and ontology. It is not simply metaphorical to say that dialogue transforms us, opens new worlds, and expands minds… It is our difference as beings that allows us to see the world differently" (Metcalfe & Game, 2008, pp. 6-7).

From a restorative and trauma-informed perspective, challenging communication can contribute to and "encourage greater understanding of underlying relational and structural patterns while building creative solutions that improve relationships" (Lederach, 2003, p. 19) and create interpersonal and compassionate encounters. Thus, both professionals and clients are allowed to grow and become more fully human.

Becoming more fully human is connected to bringing humanity and authenticity into practice, acting with courage, making a contribution toward meeting common human needs, advancing social rights, and transforming systems that cause harm to both clients and professionals.

A critical implication from the presented research is that developing safe communicative spaces is time consuming and demands facilitators who have high competence in restorative principles, conflict transformation, and trauma-informed understanding and practice. Furthermore, the critical awareness created in the process may make it difficult to stay in one's existing work situation, which upholds a practice and creates barriers between professionals and clients instead of breaking down walls.

5.5 Contributions to theory and practice and implications

Let us become the change we seek in the world. —Mahatma Gandhi
Eikeland and Nicolini (2011, p. 169) highlighted that research should pursue knowledge and understanding from within the knowers' own practice.

The Power of Safety model became important for understanding what went on in practice and starting a reflection on what happens in communication when both professionals and clients are stressed or/and feel threatened. Furthermore, it also created an understanding of the importance of emotional safety for both clients and professionals to grow, be flexible and creative for transforming conflict, and succeed in connecting and building interpersonal competence. In nursing and social work among many other professions, most competence lies in understanding and treating the client, despite how important research reveal the professional is as an instrument of change. To understand and promote human growth and development, we need to understand the nature of "human beings" and nurture interpersonal relationship as illustrated in the theoretical foundation. Therefore, the critical contributions are as follows:

Restorative and trauma-informed practice and theory were connected to interpersonal development, as illustrated in the Power of Safety model, which is interesting for challenging experiences, conditions, and the practice field, addressing both the individual and collective vulnerabilities connected to fear and stress as well as emotional safety.

New approaches and a new research project were developed to meet the increasing need for collective care in helping professionals who address their own triggers and vulnerability through critical reflections and sharing, at the same time as building interpersonal competence (conflict resolution skills and trauma understanding).

This thesis highlights a critical need for a paradigm shift in the following areas:

1. **Focus on conflict transformation and professionals/students' emotional safety**

This is not something that we can separate from practice as; self-care, social gatherings with colleagues, or supervision on concrete cases, but need to be connected to professionals' own practice experiences, potential trauma experiences, triggers, and enemy pictures. Challenging encounters with clients must be reflected on as well as – professionals' alienation and cynicism that can result from compassion fatigue as well as an NPM practice architecture, where they are often left with little opportunity for building relations, being flexible and creative, and finding effective solutions where the client's need is in focus.

2. **Create time and space for critically reflecting in education and practice to further develop interpersonal competence**

Professionals in social work and nursing, among many other professions such as teaching, are the main instrument for change, which highlights a need for an extended emphasis in education and practice on interpersonal competence and collective care, moving toward a practice that promotes compassion satisfaction instead of generating compassion fatigue. It is urgent to create time and space for critically reflecting on one's own practice and further developing interpersonal competence (conflict resolution, trauma understanding, compassion, self-awareness, and presence) for all encounters, especially the challenging ones.

3. **Initiate a radical shift in the culture or "paradigm" in human services**

Furthermore, a need exists for a radical shift in the culture or "paradigm" in human services. The nature of a competitive work environment, demands for performance measurements, and

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extensive paperwork have also been demonstrated to promote excessive stress, burnout, and a lack of collegiality. A restorative and trauma-informed mindset is suggested. This involves changing our sayings, doings, and relatings.

For further studies, I suggest: (a) finding creative and sustainable solutions to address burn-out and develop interpersonal competence, (b) investigating why it is so difficult to bring what is known to work into practice.

5.6 Limitations of and critical reflections on the research process

In this section, I discuss the methodological limitations of the research project as a whole. During the research process, I recognized that it was ambitious to conduct an intervention aimed at a change of praxis in three different settings. AR inquiry is usually contextually specific to one setting (Kemmis et al., 2014). Because of the limited time resources of participants and other situational factors described in Sections 3.9 and 4.4, there was a higher activity connected to change processes and co-researching in study 1. However, reflecting with participants in three settings gave me the opportunity to see how differently the intervention and AR process was experienced in different settings depending on the participants, group dynamics, and the involvement of leaders (or not) in each of the settings. This has been essential knowledge for further development as well as during the research process.

Some of the methodological limitations were discussed in the individual papers and Chapter 3. The discussion in this section focuses on two main limitations: (1) my dual roles in the research and (2) participants as co-researchers with heavy workloads and time constraints in full-time work.

5.6.1 Dual roles in the promotion of change

A weakness of this study was that participants were not included in the early stages of the design and the overall focus was developed and introduced by me. I was involved in planning the implementation project and facilitating it. Simultaneously, I had an overall responsibility for the affiliated research and attempted to maintain a reflexive distance. As discussed, this dual role had both strengths and limitations. I attempted to practice as I taught, to create a space of safety and connect to the participants, and to give them the space to develop and be as genuine in their

reflections as possible. However, the same closeness could have biased the results by making it harder for participants to share their honest opinions, including critical or negative thoughts on the project and process (Hammersley & Atkinson, 2007). Another bias that was verbalized at the beginning of the project was the contact with the leadership as part of the start-up process. In study 2, this created insecurity, which was something that I could have reflected on before establishing contact.

It is likely that I influenced the findings in every step of the process, from planning to writing the articles, due to my personal engagement and prior experiences in the field. My clinical experience as a social worker may have given me useful insights gained from numerous encounters with professionals in challenging communication in many different contexts. On the other hand, my preunderstanding and experiences in the field may also have led to biases – not challenging my own prejudices to a high enough degree or focusing on some aspects of themes and overlooking others. However, these factors are known threats to trustworthiness and the transparency though actions of reflexivity and the overall inclusion of participants as co-workers can balance them. As mentioned in my personal starting point (Section 1.3), I had prejudices toward professionals, whom I experienced as cynical. Listening to participants in the circle enabled me to challenge my prejudices. Honestly, when I entered this research, my greatest prejudice was against nurses and social workers not doing enough to help clients with complex challenges; thus, I was able to challenge myself and develop and a new understanding of many helpers as vulnerable and suffering, just as their client does, which increased my compassion and understanding. This led me to follow up with research on helping these helpers.

5.6.2. Participants as co-researchers

Considering that all participants were occupied with full-time study or work, they did not have the time that I would have ideally wished for to allow them to fully engage in the project. Studies have indicated that professionals who are already burdened with a heavy workload tend to report inadequate time for AR (Volk, 2010; Zhou, 2012). In this light, I could have prepared participants much more effectively for what was ahead, lowered my expectations for how involved the participants could realistically be, and considered to a higher degree a lack of in-depth understanding and skills related to the inquiry. All participants were invited in on equal terms, but

I could have had a clearer timeline for the process and planned supplementary dialogue meetings with participants and their employees. Furthermore, involving participants by sending drafts of articles by email in the last part of the project became an extra impossible workload for most of the participants. Afterwards, I could see that the dialogue meetings in the circle created the optimal communicative space required for exploring themes. Most participants were most interested in their own and their colleagues' individual changes and interpersonal relationships with clients, but few had the time to contribute to change processes on a larger scale. Four of the participants were actively engaged in creating change – action in the field of practice, organizational action, and further steps to change in education and support of professionals. Throughout this research project, I sought to investigate openly and critically. I learned a great deal throughout the process and even while writing.

6.0 Conclusion

As presented in the introduction, I began this research because I had experienced how clients with complex trauma experiences are met with little understanding, as difficult, and sometimes with hostility. It seemed as though the continuous pressure placed on evaluation, efficacy, and time led to less time for being human and reflecting with colleagues – encouraged by both leaders and the professionals themselves. The felt concerns from participants were that professionals, similar to clients, often feel insecure and disconnected from themselves and others and are just trying to "survive." Many professionals and students had not experienced actually being listened to and had never been safe enough to be vulnerable and reflect on how their own communication affected the encounters with clients and colleagues.

The purpose was therefore to explore, together with the participants as co-researchers, the following research question: *How can participating in a circle-based restorative workshop inform conditions and hindrances for the learning and development of interpersonal competence in education and practice as well as contribute to a change of practice?*

The orientation to inquiry in this thesis was conducted through participative and reflective processes in the sense of bringing action and reflection, theory, and practice together. The circle process workshop and its facilitation were key elements in involving participants and providing them with a communicative space to increase dialogue and commitment related to their practice and challenges. Social workers and nursing students (participants) experienced that participating in the RC gave them an opportunity to learn from each other's wisdom and to critically reflect on their needs in situations of challenging communication. Additionally, they could explore how insecurity, beliefs, values, attitudes, and their own trauma experiences might hinder them from achieving and establishing grounds for change and empowerment for clients.

The findings suggested that to develop interpersonal competence, one must be challenged at the same time as one experiences belonging and emotional safety. The circle manifested a safe space for *relational mindfulness*, where everyone calmed down and entered their social engagement system (e.g., being connected, compassionate, and engaged and getting in contact with their authentic self). This was facilitated through the sharing of challenging experiences, vulnerability, and strength. It is crucial to emphasize that participants elaborated that the process toward transformation and growth takes time, energy, and commitment. Furthermore, the facilitators'

trauma-informed and restorative mindset and the size of the group were of great importance. However, more research is required to document and explore how learning in RC processes can contribute to professional development and understanding in education and practice.

In addition, the findings suggested that a restorative and trauma-informed circle process contributed to increased professional development in challenging encounters.

People with substance abuse and mental problems often have a history of trauma and require help in many areas of life; most of all, they need – like all people – to feel safe and supported and to cope (Bath & Seita, 2018). Trauma reactions tell us about basic psychological processes, and about both vulnerability and growth opportunities in humans. Occupations where one must use one's ability to empathize often lead to health workers being affected, and to be affected one must be open to the other. What makes working with trauma patients meaningful and rewarding can therefore also constitute a risk. As helpers, we are shown great confidence when invited into the shadows of life. We get close to people who suffer and take part in their sorrows and joys, and it is often deeply rewarding when we can assist during a healing process. We gain insight into what lives in people for better or worse and become gripped by the ability to survive, to rise, and to move on. It can be a strong giving experience of mastery to be able to contribute to change and make a difference in another person's life.

Therefore, we need time to build relationships, enabling communities and meetings without ready-made solutions but strength and growth opportunities. This requires a paradigm shift that highlights a need for extended emphasis in education and practice on interpersonal competence and collective care, moving toward a practice that promotes compassion satisfaction instead of generating compassion fatigue.

This thesis indicates that offering time for reflection on challenging communication and sharing in a safe communicative space can be the starting point for developing self-awareness, increased tolerance for stress, personal growth, and a TIP – benefiting the well-being of both professionals and clients.

The findings suggested that critical reflection contributed to disclosing hindrances for interpersonal development and an interpersonal practice. The most consistent finding was that interpersonal competence matters. Insecurity, high job demands, extensive paperwork, caseload volume, and external demands for performance measurement were all raised as external barriers.

A high level of individual and collective vulnerability was also found. This suggests that we need to address not only what is going on in interpersonal meetings but also the inner and outer conditions of students and professional helpers. It is clearly apparent that the system reflects not only how clients are experiencing receiving help but also how giving help is experienced.

Moreover, the findings suggested that we need an improved understanding for meeting people with complex challenges than diagnoses and manuals can provide. We must be able to meet every human being with curiosity and wonder, without having to force them into narrow templates. When the focus is on treating as many people as possible in a short time, it is often at the expense of both professional and client. We need professionals who are good listeners and who have the ability and courage to speak up when the system is focusing on sickness instead of on building improved life conditions and relationships.

This thesis has explored the foundations in education and practice for learning and developing interpersonal competence. It has evaluated our practices against the criterion of "acting in accordance with truth/nature." As Kemmis and Edwards-Groves (2017) suggested, becoming aware of the importance of acting for the good of humankind is the double purpose of education: initiating people into practices by which they will be able to live well in a world worth living in.

Interpersonal skills and competence are the core in social and health professions as well as many other professions. Therefore, we must focus more on finding multiple ways to challenge and develop this competence, thereby contributing to sustainable communities and practices – RC processes can be one of them.

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Kapittel 2

Læring i sirkel

Marlene Bruun Lauridsen

Illustrasjon: Martin Frøsig 2020

Å utvikle relasjonskompetanse for de vanskelige samtalene og de følelsesmessig utfordrende arbeidssituasjonene er generelt noe vi investerer for lite tid i, sett i forhold til hvor mye det påvirker dem vi møter, vår praksis og velvære (Lauridsen & Munkejord, in press). I dette kapittelet presenteres et forskningsprosjekt som tar sikte

Learning in a circle

Marlene Bruun Lauridsen

Illustration: Martin Frøsig 2020

Developing interpersonal competence for the challenging encounters and emotionally challenging work situations is generally an area we invest insufficient time in, considering how much it affects the people we meet, our practice and our well-being (Marlene Bruun Lauridsen & Mai Camilla Munkejord, 2022) . This chapter presents a research project that aims to increase knowledge of circles and improve their use as a teaching and learning methodology to help participants explore their practices and attitudes. The circle process enables a safe and equitable learning environment, where students' through active participation can build relational awareness, here defined as a transformation of their relationships with themselves others and the world, as well as the courage to let one's voice be heard in the field of practice when ethical dilemmas arise. The chapter is a contribution to the debate on the competitive and standardized society. Its basic premise is that we are created and develop in relationships where we experience belonging, and that it is safe to be human.

INTRODUCTION

The circle process is based on a restorative practice approach to learning, which implies promoting students' engagement and positive relationships with themselves and others (Morrison & Vaandering, 2012; Pranis, 2005). The approach is also based on an understanding that we are all connected with each other, and that learning is best achieved through flexible, collaborative and transformative processes (Adamson & Bailie, 2012, p. 139; Llewellyn & Llewellyn, 2015). The core of this approach is based on the idea that a relational learning environment forms a sound basis for student development and learning, both socially and academically.

Research shows that the circle process in primary and secondary school creates a safe learning environment (Hopkins, 2009; Morrison & Vaandering, 2012). This has led to an increasing interest in the circle process as a practical approach to building a sense of community, responsibility and relational awareness in higher education (Murray, 2018; Pointer, 2019).

This chapter forms part of the author's PhD, in which nine nursing students and 20 social workers were invited to be research partners in a study inspired by action research in a Nordic perspective (Furu, Salo, & Rönnerman, 2008; Gjøtterud et al., 2017; Tiller, 1999). As part of the study, participants were offered a circle process workshop in communication and conflict resolution. The workshop involved practical exercises and subsequent reflection, as described in Geir Dale's book 'Fra konflikt til samarbeid' (From conflict to cooperation) (2006, pp.

178-255). In this study, the circle process workshop and its facilitation was a key element. The aim was to involve participants and thus provide them with ways to increase dialogue and commitment related to their challenges (Bradbury, Reason, & Bradbury, 2001; Tiller, 1999). A shared activity of this kind can help participants to expand on ideas from theory, challenges, taken-for-granted thinking, prejudices and reflections on their past and present practice (Furu et al., 2008, p. 157). Further, action research enables theory and practice to meet, and forms a basis for collaborative processes where researchers, students and professionals can develop and improve fields of practice and education (Kemmis, McTaggart, & Nixon, 2014). In the study described in this chapter, the idea was that participation in a circle process would provide basic insights into restorative practice, values and principles (Bradbury et al., 2001; Pranis, 2004; Zehr, 2002a.) and increase participants' understanding of their practices, of themselves and of their clients, which would thus improve services. An additional aim of the study was to further develop the circle process for use in education and practice.

First, the theoretical background for the use of the circle process in teaching and learning is presented, followed by the main principles and the tools used. The analysis and discussion sections will focus on 1) participants' experiences of participating and learning in a circle process, and 2) the potential use of the circle process in learning, with the main emphasis on the development of relational awareness.

RELATIONAL AND ETHICAL AWARENESS

The therapeutic alliance, the *relationship* between helper and patient, is the main driver for change (Mangione & Nadkarni, 2010; Rogers, 1956). Relational awareness is mainly a question of knowing oneself and being able to understand and relate to others with respect and empathy. This is important for our ability to live and work with other people, to be bold enough to confront our own and others' feelings, to tolerate a conflict situation and to reflect on our role when communication is difficult. Conflict understanding has therefore become a key aspect of the development of relational skills, because relationships are mainly challenged in difficult communication (Cheng, 2015; Mangione & Nadkarni, 2010; McKenzie, 2015).

There is a call for a greater focus on relational and ethical awareness in practice, for example from the Nordic Nurses Association: 'The paradigm shift in the health care system has greatly diminished opportunities for the use of discretion and reflection. There is low priority for the identification and discussion of ethical dilemmas' (www.nsf.no, 2017). It emerges that nurses find that the basis for all nursing ethics, which was previously an integral part of nursing, is about to disappear, and that nursing is thus becoming static and instrumental, and patients are largely seen as objects. It is emphasized here that ethics must be considered as 'what happens between people all the time' (www.nsf.no, 2017). This highlights a challenge in many professions and professional studies, where goal achievement and efficiency are given high priority, which may appear to be at the expense of clinician-patient relationships and interdisciplinary collaboration.

SAFE RELATIONSHIPS ARE KEY TO CHANGE

In a teaching situation, there are strong parallels between the teacher-student relationship and the therapeutic alliance. The relationship is of great importance for students' emotional, social and cognitive well-being (Damsgaard, 2019; Hughes & Chen, 2011). The learning situation can be described as a triadic relationship between subject-subject-object, based on moral standards for equality and symmetry in interpersonal relationships between myself and the other. These conditions create the object that we jointly want to understand (Skjervheim, 1996). The figure below is based on Powell and Tod's model of behaviour for learning in schools (2004) and can here be seen as a supplement and a clarification of the relational aspect of a learning situation. The original model shows how the relationships involved are affected by society, the family, the educational system and the ethical framework. Three dimensions are of particular importance in the classroom: one's relationship with oneself (the emotional dimension), with others (the social dimension) and with the curriculum (the cognitive dimension).
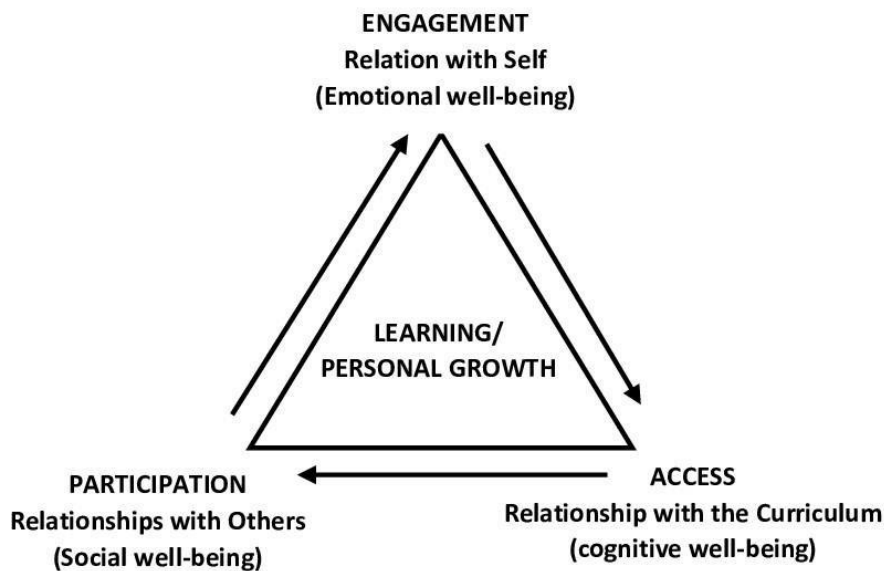
Figure 1: Based on Powell and Tod's model (2004)

All three factors are important in the learning situation because they help to promote a sense of community, engagement, participation and understanding in the here and now. At the same time, the process enables participants to learn and collaborate, and to be comfortable sharing their opinions and solving problems (Ellis & Tod, 2013). This perspective emphasizes the importance of student participation and emotional engagement (Biggs & Tang, 2011). Interpersonal

relationships are placed at the centre of the learning situation, where feelings of safety and social belonging are closely linked to challenging oneself, and thus personal growth and learning (Maslow, 1943).

RELATIONAL AWARENESS DEPENDS ON OUR INVOLVEMENT

Teaching is generally related to the specific knowledge and skills students must acquire in order to perform certain tasks in professional practice, where the whole picture and the ethical framework are in danger of disappearing. A key aspect of teaching is to define quantifiable learning goals, but where the goal is for students to become relationally aware, the teaching methodology and the relational aspects are at least as important. Here, the teacher is a key role model, to ensure that students are not afraid to open up and involve themselves in a learning process (Lauridsen, 2003).

The overlapping concepts of the window of tolerance (P. Ogden, Minton, K., and Pain, C., 2006; D. J. Siegel, 2012) and the polyvagal theory (Porges, 2007, 2017b) can visualize and create understanding of how our autonomic nervous system is affected in relationships, and how a feeling of safety enables learning (Twemlow, Fonagy, & Sacco, 2002). As illustrated in Figure 2, fear and insecurity in the classroom or other situations can take us out of our window of tolerance and thus affect our relationship to ourselves, others, and our learning and development (Marlene Bruun Lauridsen & Mai Camilla Munkejord, 2022). When we feel insecure, most of our energy will go to defending ourselves or seeking protection (Porges, 2017a). Depending on our perceived options, this can be expressed by staying away from classes, making ourselves invisible, lacking commitment, saying what we think is expected of us, not taking part in discussions or just focusing on ourselves. If, on the other hand, we feel emotionally safe, this enables us io think more clearly and have an experience of relational presence. We can listen more actively, reflect openly on our feelings and thoughts, and feel more strongly that it is safe to take chances and reveal our vulnerability.
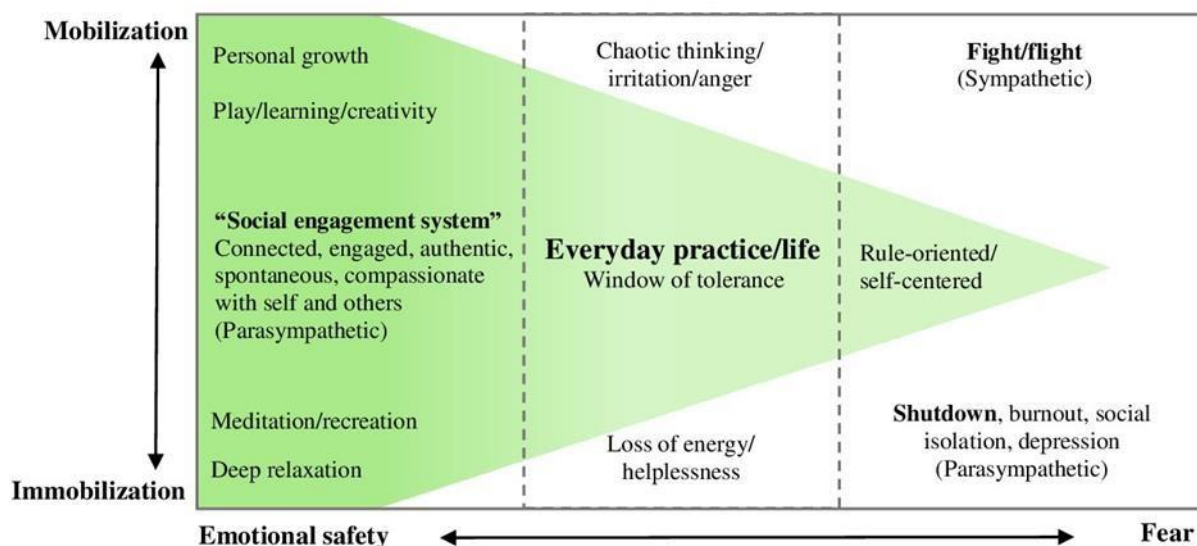
Figure 2: Power of safety (PoS). This model was developed by Lauridsen (2020; Marlene Bruun Lauridsen & Mai Camilla Munkejord, 2022), based on Porges' (2017b) polyvagal theory and the window of tolerance model (P. Ogden, Minton, & Pain, 2006; D. Siegel, 2012)

The importance of a feeling of security in the classroom can be illustrated by Mead's (1934) two aspects of the development of the self: 'I' and 'me'. The 'me' is the part of us that represents social norms, laws and rules, and 'facts' communicated by textbooks and teachers. The 'me' is mobilized when we feel insecure and ensures that we adapt to a certain degree. The 'I', on the other hand, represents our authentic, reflective and critical inner voice, most strongly when we feel secure and our 'social engagement system' (window of tolerance) is mobilized. The 'I' becomes involved when ethical dilemmas arise in the encounter with the other, and can be said to arouse our urge to think autonomously, and dilemmas can thus trigger breakdown or development (Kohlberg, 1981; Lauridsen, 2003). When the teaching situation involves a trusting relationship, students may thus 'dare to be open to acceptance by others' (Løgstrup, 1991, p. 27).

If students are outside their window of tolerance and do not dare to listen to their inner voice, it makes no sense to refer to the teaching as dialogical. The views of Paulo Freire (1998; 1974) and Mikhail Bakhtin (1981; 1984) on dialogue and teaching describe how dialogue is what makes the conversation both ontological (related to its existential character) and epistemological (related to learning and reflective thinking). Dialogue can thus not only describe fundamental aspects of being human, but also how we can grow as human beings through dialogue. Freire argues for a

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democratic form of teaching, where teachers and pupils feel that they are equals, sharing experiences and jointly seeking understanding and knowledge. He emphasizes the importance of existential courage to acknowledge the emotions and human aspects involved in teacher-pupil interaction. The relationship will be strengthened if the teacher feels secure in his insecurity and vulnerability and dares to talk about feelings in the class, and if the teacher can learn, listen, be challenged and see things in a new way with the students. Courage develops in the act of acknowledging one's own vulnerability and insecurity (Freire, 1998).

In other words, learning is both a personal and a social process, which implies the vulnerability of both teacher and student as well as a set of expectations and obligations. In this way, we see that specific teaching and learning situations involve tension between their academic and personal aspects. Introducing the circle process as a pedagogical tool involves a conscious choice to focus on the more personal aspects of esucation, which deal with dialogic relations and aim to enable a *transformation of the subject's relationship to the world, to others and her/himself*. The organization of learning in a circle creates a learning environment that a) is based on a feeling of community and a good student-teacher relationship, b) allows for active participation and listening, and c) enables the development of relational and ethical awareness and the courage to let one's voice be heard when ethical dilemmas arise in the field of practice.

WHY USE A CIRCLE?

RESTORATIVE PRACTICE

The circle process is understood in this context as a restorative practice (Pointer, 2019; Pranis, 2005) and is often referred to as a dialogue circle. The dialogue circle is inspired by traditional indigenous practices in North America and aims to create a safe space where participants can be their most authentic selves, share experiences and develop an understanding of themselves and others (Morrison & Vaandering, 2012; Pranis, 2005). The method emphasizes respect for the views of others and encourages participants to be open and listen with their hearts while others are speaking (Sams, 1990; Wolf & Rickard, 2003). Circle processes in education and practice are structured in a way that promotes belonging and dialogue, by building relationships, establishing norms and developing an understanding of diversity (Pranis & Boyes-Watson, 2015, p. 23).

The aims of the circle process are 1) to achieve openness and change, 2) to build relational awareness and compassion for oneself and others, and 3) to promote social and emotional awareness and well-being. Further, the participants in the circle always have the possibility to challenge stereotypes and prejudices through sharing and deep reflection. In a circle process, each person's participation is considered necessary and important (Collay, 1998; Hopkins, 2009), and the dialogue is structured according to Marshall Rosenberg's theory of non-violent communication (2015). This theory is based on the idea that we all have the capacity to have compassion with ourselves and others, but that we often do not have the language to express and understand each other's feelings and needs. Below I will highlight the relevance of the circle process in education.

THE RESTORATIVE CIRCLE PROCESS

WHAT: The aim of the restorative circle process is to create a safe learning environment in order to develop relational awareness.

HOW: In the circle process, participants sit in a circle and perform various exercises, games and roleplays that build on each other and have a variety of educational aims. Most exercises are structured in the following progression: 1) the purpose is presented, 2) a practical exercise is performed individually or in groups, and 3) participants reflect in the circle, guided by the facilitator. Exercises are always presented and concluded in the circle. The number of participants can vary from six to 18; if the main focus is on opening up and sharing confidential feelings and thoughts, there should be a maximum of 12 participants (Macbeth, Fine, Broadwood, Haslam, & Pitcher, 2011).

WHY: Participating in a restorative circle enables both students and facilitators to feel that we all are connected with each other and equal as human beings. The aim is to promote safety, respect and greater understanding through dialogue. The key is to build trust in the group to enable participants to feel safe and confident enough to present and become engaged in selfexperienced challenging situations. Further, the circle allows everyone to participate actively and take responsibility for themselves and others. The facilitator must above all create a safe learning environment where students have courage to participate, listen to others and challenge themselves. The facilitator should feel emotionally safe and be familiar with the circle process (Dale, 2006; Follestad & Wroldsen, 2017; Zehr, 2002a.).

INTRODUCTION TO THE CIRCLE PROCESS

The circle process starts with a so-called check-in that allows all participants to be seen, heard and familiar with why they are sitting in a circle. The check-in marks a ritual transition from everyday life to the here and now and the circle community (Pointer, 2019). The main emphasis is on establishing and maintaining a safe learning environment that can involve opportunities for growth, challenges, and self-transformation. The structure of the restorative circle is influenced by Gestalt therapy and helps participants to open up, process and close difficult experiences and emotions (Foss, 2016, p. 118). This should enable the sharing of vulnerabilities and reflection on diversity in practice and on being human (Macbeth et al., 2011; Pranis, 2005). The program for each session, the exercises and relevant theory are presented on a flipchart. Flipcharts are used because they can stand in the circle and allow for the presentation of basic theory without moving the focus out of the circle. The sheets of paper can be spread on the floor to encourage reflection in the circle, or be hung up in the room to enable the reflections to continue. Many of the exercises are structured to create aha moments that participants are then invited to reflect on. The circle process is based on the idea that both facilitator and students have personal conflict, and that these experiences can be used to understand and reflect on what we need in order to develop in our relationships and in challenging communication situations. In addition to the circle itself, the most important aids in the circle process are the following:

A TALKING PIECE (usually a bean bag) is passed around to encourage the exchange of experiences, understandings, wishes and needs. The talking piece may be presented in a rather solemn manner by e.g. referring to Native Americans' use of an eagle feather[9] to give the person in the circle the courage to speak from the heart and see things from a more holistic perspective. It ensures that everyone has an equal opportunity to be heard, and indicates who is talking at the moment. It is always possible to say 'pass', based on an understanding that passing requires courage and that participation is voluntary.

CONSENSUS AGREEMENT: To create safety and mutual understanding, all participants are asked to consider and say what they to feel safe in the circle. What is said is then written on a flipchart and is described as a consensus for further work. For example, a participant might say, 'We must treat

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[9] https://talking-feather.com/home/the-legend-of-the-talking-feather/

each other with respect', after which the facilitator looks around and asks if the others think this is important. If they do, the facilitator can try to clarify the action involved by asking, 'How do you think others show that they respect you?' The following suggestions are often mentioned: by listening, not interrupting and not laughing at what is being said. The main point here is that everyone has the chance to consider and express what is important to them. This exercise brings out basic needs, in the circle and in most social situations: 'What we need to feel safe and participate'. People tend to give remarkably similar answers.

THE ROLE OF THE FACILITATOR: It is vital that facilitators speak for themselves, participate on an equal footing with the students and show courage to share. This helps to create a feeling of security (Dale, 2006; Foss, 2016; Pointer, 2019). Facilitators ask open-ended questions and explore topics and situations with the participants, and are continually aware of the attitudes they communicate through their body language and facial expressions. Many of the techniques used here are similar to those used in motivational interviews, reflective teams and mediation, in order to lead or facilitate processes. To enable the circle to be perceived as safe, the facilitator needs to have and express a positive attitude towards the contributions of all participants. No reflections are wrong or right. In addition, the facilitator uses various techniques to lead the group process, such as movement games to create energy in the group (Foss, 2016, p. 113). Although the most important point is to create a safe setting for sharing and talking about difficult feelings, the facilitator should not act as a therapist. Whatever is brought up is acknowledged with: 'Thank you for sharing', and is then passed on to the others: 'Has anyone else experienced a similar situation?' or 'Is there anyone else who maybe feels like that?'.

If possible, it is always best to have two facilitators; one can be then responsible for the exercises, while the other pays attention to the students.

METHOD AND RESEARCH DESIGN

Participants and recruitment

The inclusion criterion was that participants worked or had their clinical practice in the health and social care sector, where they encountered service users with varying degrees of substance

abuse and/or mental health problems. The background to this was a general need to enhance professional competence and trauma understanding in challenging communication (Lauridsen & Munkejord, in press). Participants were recruited via their leaders or teachers from three different settings: study 1 (n = 8): social workers from two offices in the public sector in the Norwegian Labour and Welfare Service (NAV), study 2 (n = 12): social workers from a non-governmental labour and inclusion services organization and study 3 (n = 9): nursing students who practiced in a psychiatric ward or drug rehabilitation facility.

In each of the three settings, potential participants were invited to an information meeting organized in a circle. The author informed those present that participation was voluntary, and they signed a consent form to confirm that they understood the conditions for study participation as research partners. From November 2017 to May 2018, three workshops were held.[10] Participants' privacy was ensured in accordance with national research ethics guidelines, and the study was approved by the Norwegian Centre for Research Data.

ORGANIZATION OF A CIRCLE PROCESS WORKSHOP: The workshop offered to social workers lasted six full days and consisted of three modules based on Geir Dale's book 'Fra konflikt til samarbeid' (From conflict to cooperation) (Dale, 2006). The nursing students had five shortened days that covered the content of the modules that was most relevant to them as students. The aim of the first module was to improve the participants' skill in resolving their conflicts. This was achieved by encouraging them to share and reflect on their experiences, strengths and vulnerabilities. The second module aimed to provide the participants with tools to understand and support others in conflict resolution. In the third and final module, the goal was to enhance understanding of how the circle process can be used to help colleagues or clients. There were four to six weeks between the first and last module to allow participants time to reflect on the new tools and understandings from the first workshop in their own practice.

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[10] I would like to thank Ove-Petter Sørheim and Ida Marie Hydle for their participation as facilitators in the circle process workshops and in discussions before and after the workshops.

DATA COLLECTION

The data relevant to this chapter were from reflection notes, focus group interviews, dialogue meetings and individual interviews. Books for reflection notes were handed out in the first workshop, and 25 of the 29 participants handed them in after the last workshop. Participants were encouraged to note down their reflections on changes in themselves and their practices, along with their thoughts about learning in a circle. In all three studies, a two-hour focus group interview led by the author was held in the final workshop. Here, 26 participants were present. Emphasis was placed on a) participants' reflections on interpersonal communication following the workshop and b) how they could use these reflections in their daily practice. The focus group interview was held in line with action-oriented research collaboration (Lerdal & Karlsson, 2009). After three to twelve months, three dialogue meetings were held with fifteen participants. Here the participants were presented with preliminary findings and invited to reflect on them as research partners. All participants were invited to individual interviews one year after the final workshop; eighteen agreed to be interviewed. The focus group interviews, dialogue meetings and interviews were recorded and transcribed verbatim.

All participants were given the opportunity to read the draft chapter and comment on it.

METHOD OF ANALYSIS

In this chapter, the analysis of the participants' experiences focuses on learning in a circle process. Thematic analysis was used (Braun & Clarke, 2006; Braun, Clarke, Hayfield, & Terry, 2018). The data were first coded in NVivo (version 12). Based on the participants' descriptions of their experiences, they were sorted into 15 codes: learning in a circle, safety, reflection, sharing, awareness, getting to know, participation, talking piece, volunteering, facilitators, equality, listening, learning, presence and exercises. The data were then analysed to elicit recurrent themes and underlying relationships. The following three themes will be explored: 1) safety and belonging as a basis for participation, 2) courage to share difficult feelings and thoughts, and 3) relational awareness provides safety in challenging communication situations.

FINDINGS AND ANALYSIS

SAFETY AND BELONGING AS A BASIS FOR PARTICIPATION

Participants stated that the circle process felt safe and met a number of basic human needs. On the first day of the workshop, some mentioned that they had experience of the dialogue circle.

'Oh, it's so good to be back!' was heard. They compared sitting in a circle to a feeling of coming home or being in a place that felt safe, where they could relax and be who they were. On the other hand, traditional teaching was referred to as: 'The more you keep quiet, the more normal you become'.

THE CIRCLE AS A LEARNING ENVIRONMENT

The participants described learning in a circle in the following ways:

'The circle and the closeness created a good basis for participation and openness.'

'You saw the whole person talking, not like with a table between you. It was easier to listen than to think about what you wanted to say yourself.'

'You want to join in more than if you're sitting in a row, and your listening is better.'

'There's nothing to disturb you, you're kind of forced not to switch off mentally and focus somewhere else.' (like looking out of the window, or at your mobile or computer)

The participants found that learning in a circle process involved closer contact and better focus than traditional teaching, courses and meetings, where they had sometimes lost track. The circle process was seen as a good context for listening, taking part and being open. The participants also reflected on how their own interest, engagement and participation affected their learning and development:

'It's important that you go into it wanting to get something out of it, and that you want to share and be active so you can benefit from it.'

'If we aren't interested and don't get involved, we won't get so much out of it.'

The circle process increased engagement and participation and thus led to deep reflection and introspection. Some found that it took a great deal of their energy to sit in the circle. One of them

wrote in a reflection note: 'You use up a lot of energy. It takes it out of you to sit in a circle - sharing, listening, thinking and evaluating. It's important to have breaks for self-reflection, but it has great potential as a method of learning'. Most participants found that the circle process increased their self-awareness, enabling them to get to know themselves in a different way.

THE EXPERIENCE THAT EVERYONE IS BEING SEEN AND HEARD INCREASES THE DESIRE TO PARTICIPATE

The circle and the talking piece were highlighted as important in creating a feeling of being on equal terms and having equal opportunity to be seen and heard:

'When you're sitting in a circle, everyone can look directly at the person speaking, and there's no doubt who it is.'

'The circle also means that both the speaker and the listeners are part of the same circle, and they're not separated physically. That makes us feel equal.'

These statements can be seen in the context of the way that the physical organization of a classroom can create a feeling that the teacher is separated from the students and the students from each other. The following statements show how the participants felt that the talking piece encouraged them to take part: 'It was crucial in enabling me to share', 'As you start to build trust, the reflections in the group get better. I found that the ones who tend to be quiet at work also share things and offer their reflections', and:

> It makes it easier to join in, you don't have to look for the right moment to break in or interrupt other people, and you won't be interrupted yourself. This applies especially to people who are more introverted and analytical when they interact with others. The ones who are used to talking a lot have to practice waiting for their turn, while the ones who usually listen the most will have to talk more.

The participants clearly found that the talking piece ensured balance between the students seen as introverts and extroverts. The reflection above emphasizes an understanding that all people have communication challenges, and that the circle process can help to meet individual needs, whether they are to be better at listening or to dare to join in more. In addition, most participants found that the possibility to say 'pass' reduced stress, increased participation and safety and diminished pressure to say something intelligent:

'I was challenged way outside my comfort zone, but the fact that we could pass made it seem like nothing to be afraid of and gave me the confidence to take part. What's more, it also made me join in a lot more than I'd actually thought I would.'

'It's also great that you can pass, because it may be a stress factor to know that you've got to say something, and then it's more difficult to focus on what the others are saying.'

There were a few who reported having performance anxiety and missed more anonymity, even though they were allowed to pass: '… it felt stressful and uncomfortable at times. Especially when I felt I didn't have anything "good" to contribute'. The experience of having to say something good and correct is typical of teaching situations, which can prevent important reflections, and restrict equal opportunities for all students to be seen and heard. The circle process seemed to enhance both safety and participation, and students were involved with their minds and their hearts.

COURAGE TO SHARE DIFFICULT FEELINGS AND THOUGHTS

It requires courage and a feeling of safety and belonging to the group for participants to dare to feel and share vulnerability and insecurity, which research shows is necessary in order to achieve relational awareness. Most participants pointed out that the consensus agreement, the talking piece and the circle organization provided safety and the courage to move out of their comfort zone:

'It's easier to share things when you're sitting in a circle than in a normal classroom layout or with a table in front of you. You may feel more vulnerable, but everyone's on equal terms'

'I found it easy to share things in the group. I didn't share any personal things myself, but I noticed that several of the others in the group did. I immediately felt I could trust the others because of that.'

The participants said that they felt safe because there were clear rules for the relational learning environment, and because they felt they could trust the others: 'You feel that what's said here stays here', and as another participant pointed out, what was said was 'not used against you'.

Further, they stressed that sharing by the facilitators and others in the group created safety and trust: 'People were incredibly good at sharing something of themselves. That made us feel more safe'.

> I was very surprised at myself, things came out of me that I hadn't really intended to share and it was a very pleasant feeling [several others agree by saying mmm] not being afraid to share, it wasn't frightening to share, there were like lots of sudden insights about myself, and part of feeling safe was the fact that you shared things too [addressed to facilitators], so I felt you were on the same level as us, you shared things you found difficult or things you were struggling with.

When facilitators are bold enough to show they are vulnerable, participants do not see them as a threat, but as more human. 'You're vulnerable, just like me'. The fact that others in the group were not afraid to speak up and share also increased participants' safety and courage to feel and share their emotions. Several nursing students stated that it could be challenging to share difficult feelings, which they felt was linked to the fact that they did not know the others well enough. Two participants explained:

> I don't want to share personal things or difficult feelings with people I don't know very well. But it made me realize how difficult it can be for my patients to open up.

> I have shared some personal and difficult feelings, but I'm also trying to get better at it, so I want to challenge myself even more on that. I also feel that I'll get better at communicating if I can put my feelings into words, and I feel that if you're not afraid to be honest and show your feelings, that will mean better nursing.

Here, the circle process experience is linked to the participant's goals for personal development and what she associates with being a good nurse, and also to the difficulty of sharing in encounters with patients.

RELATIONAL AWARENESS PROVIDES SAFETY IN CHALLENGING COMMUNICATION SITUATIONS

Emotions help to enhance safety and togetherness, which is why our emotions and emotional needs are generally linked to other people. One of the participants' experiences was: 'We get to know each other better, and in the long run that improves relationships between us'. When we dare to be emotionally aware, other people feel we are close and attentive when we talk to them and we can thus make others feel better (Stiegler, Sinding, & Greenberg, 2018, pp. 1215).

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Nursing students described a clear link between their feeling of emotional safety and their practical skills. One said: 'I feel I've become a bit better equipped to communicate with people around me', and another: 'I'm more patient, I get less stressed in conflict, and I've got better at putting how I feel into words', and a third: '… I'm not afraid to take the initiative to talk about difficult things'.

The participants found that the more they understood that anger was often an expression of insecurity, the calmer and safer they felt in challenging communication situations: 'I'm not the only one who feels insecure here'. The fact that they improved their understanding of their own triggers helped them to understand others, and they became more aware of their own communication: 'I've become more aware of what I bring into a conversation', and thought more consciously about asking others what they need: 'Actually asking what they need or want makes you look at the matter in a different light. I think I've become even more aware of this after we took part in the circle process'.

The creation of a safe learning space can embolden participants to share with others and make them more aware of their feelings, fears, needs and wishes. At the same time, it can help them to view others in terms of the same basic needs.

LEARNING IN A CIRCLE: A LEARNING ENVIRONMENT BASED ON SAFETY AND RELATIONSHIPS

The findings show that the circle process can create a safe learning environment for equal participation and the development of relational awareness. By using exercises and reflection questions, the participants focused and reflected on their own and others' feelings and needs in vulnerable situations. The aim was to relate all the exercises to the participants' own experiences to allow them to open up and see themselves and others (Tiller, 1999). Here, participants reflected on authentic situations and experiences, which made them realize that most situations are associated with a form of relational insecurity, in relation to oneself, others or the course content, and usually a combination of all three (Powell & Tod, 2004). Feeling safe, experiencing belonging and being acknowledged in a learning environment lays the foundation for

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engagement, participation and openness to one's own and others' thoughts and feelings (Freire, 1998; Maslow, 1943; Taylor, 1989). The experiences of participating in the circle process corresponded here with theory; participants moved from different extremes into their window of tolerance. Those who were normally insecure and withdrawn found that they joined in and shared more than they usually did, while those who usually talked the most became calmer and listened actively to the others.

The circle process represents engagement and trust, not only in our current relationships, but also in relation to everything around us, and cannot be understood independently of our lifeworld, relationships and actions. It is precisely in these relationships and actions that we develop and flourish. By bringing ourselves in and relating knowledge and experiences to ourselves as human beings, and to our profession and practice, we form the basis for transformation in ourselves and how we relate to others: 'There is a kind of search which involves being "all there", being more attentively "in" our experience. Rather than disengaging, we throw ourselves more fully into the experience' (Taylor, 1989, p. 163). If teachers are not aware of this, our social and relational capabilities are in danger of being overshadowed by a focus on the individual and her/his future exams, job and career.

RELATIONSHIPS FORM A BASIS FOR LEARNING AND RELATIONAL PRACTICE

What opportunities does the circle process afford in teaching that aims to enhance students' relational skills? The article 'Creating conditions for professional development through a trauma-informed and restorative practice'(Marlene Bruun Lauridsen & Mai Camilla Munkejord, 2022) revealed that most participants experienced improvement in their self-awareness, in emotional safety in challenging communication situations, in compassion and understanding for others and in courage to critically examine their own responsibility in communication with others. Feeling confident that it is safe to share difficult thoughts and feelings is closely linked to the development of relationship competency (Mangione & Nadkarni, 2010). Learning is not just a matter of listening and being physically present, but also about opening up and involving ourselves. Yet when we do so, there will always be a risk of being rejected (Lauridsen, 2003; Løgstrup, 1991). Trust and safety are therefore vital factors in all relationships (Powell & Tod, 2004). If these factors are not present, they may be replaced by fear and insecurity, which can easily lead to conformity or individualism, and students' efforts will be directed at saying the

right thing. The circle process underlines the interpersonal encounter as an ethical-relational event. Several students found that their experience of how difficult it was to share helped them to understand clients in vulnerable situations who have to share personal information, often with many strangers present. The study participants found that they got to know themselves better. By understanding and expressing their own feelings, triggers and needs, most of them developed greater awareness and understanding of the needs of others (Mangione & Nadkarni, 2010). The study demonstrates that we invest too little time in preparing for challenging communication situations, considering how much this affects our clients, our practice and our well-being (Lauridsen & Munkejord, in press). The development of good relational skills is an important aim for all education in health and social sciences, but it often becomes lost in learning outcomes and has to give way to what can be measured and seen with the naked eye.

Health and social care professionals are largely involved in 'interpersonal relationships, where we see, hear and feel how others affect us and how we affect others' (Brask, 2006, p. 7). In the care and treatment of people with substance abuse and mental health problems, the need for relational awareness may be even more important, because many clients and their family members have a long history of internal and external conflicts. These may have involved broken relationships, being hurt after starting a new relationship and distrust of other people's motives. Clients will often be angry with and reject professionals. How well qualified are we as healthcare workers to address this behaviour, without also rejecting the other? To develop relational skills is not an easy task, especially if educational systems do not attach the same importance to such skills as they do to other professional skills (Kecskemeti, 2011, p. 16). When relational skills have been developed, they can constantly be used in new situations with new content, thus equipping students for a variety of practical challenges. Even though relational knowledge and skills are fundamental to health and social care, they represent only a small part of the curriculum, without any explanation as to how they can be built up and used systematically (Landsem, 2018).

CONCLUSION

In traditional teaching, the main focus is on providing information on subject matter rather than on interpersonal communication. It can thus be difficult to achieve equality in participation and dialogue. This study has shown how the use of a restorative circle has the potential to create a safe and equitable learning environment, involving active participation, emotional engagement, and good student-teacher relations. Through practical participation in the circle process, the participants improved their relational awareness and became more compassionate and understanding in relation to people who had previously made them feel insecure. This corresponds with the previously mentioned model of the window of tolerance, as illustrated in Figure 2: if we feel emotionally safe, we can think more clearly, experience close connections with others, listen more actively, reflect openly on our feelings and thoughts and be more willing to take risks and show vulnerability. Relationships in the learning environment affect our relationship to ourselves and others, and are crucial for our cognitive, social and ethical development. How we affect each other, and how we make each other good, bad or vulnerable, are important skills to have in dialogue and collaboration. Appearing emotionally safe and compassionate and actively listening is the key to all interpersonal encounters. In this study, the participants found that the circle process reduced stress, and both students and practitioners felt better equipped to face challenging relationships and communication situations. The circle process can be a useful methodology in most learning situation or educations as long as safety and equality are ensured for both students and teachers to enable them to reflect on topics of concern and attitudes.

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Article 2

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CREATING CONDITIONS FOR PROFESSIONAL DEVELOPMENT THROUGH A TRAUMA-INFORMED AND RESTORATIVE PRACTICE

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ABSTRACT

Professionals in social work and nursing meet people who, due to trauma, struggle with the self-regulation of emotions and social behaviour. Caring for trauma survivors requires connection and compassion. Previous research has indicated that many professionals, some with their own trauma histories, do not feel sufficiently equipped to practice self-care or cope with challenging communication. To address how insecurity and trauma are rooted in deeper individual and structural causes of social injustice, social workers and nursing students (n=29) were invited to participate in action research and a restorative circle process. The aim was to provide professionals the opportunity to challenge and reflect upon their own practices by introducing them to a trauma-informed and restorative practice based on the importance of building emotional safety and connection. Our findings suggest that given time and space for reflection in a setting characterized by equality and safety, professionals can develop increased a) self-awareness and compassion; b) emotional safety and tolerance of stress in challenging communication; c) trauma understanding; and d) personal growth. A change to a more restorative and trauma-informed practice could lead to increased well-being among professionals and clients.

Key words: restorative practice, emotional safety, self-awareness, trauma understanding, collective/self-care, compassion, personal growth, well-being, professional development

INTRODUCTION

Social workers and nurses work in settings in which they are likely to meet clients living under conditions of ongoing traumatic stress or with a history of trauma. Complex trauma can result in a lifelong risk of chronic illness and the loss of core capacities for self-regulation and interpersonal relatedness (Cook et al., 2005), e.g., demanding, aggressive or rude behavior (Koekkoek, van Meijel, & Hutschemaekers, 2006). Caring for people in distress can be emotionally challenging and stressful (Figley, 1995). Research has indicated that social and care professionals do not feel sufficiently equipped to cope with this challenge (Cunningham, 2003;

Knight, 2015). In addition, there is a paucity of tools and competence in conflict resolution among both health and social professionals (Chan, Sit, & Lau, 2014; McKenzie, 2015). Due to their lack of understanding, self-care, support and training, some professionals experience insecurity and fear when working with people suffering from trauma. Particularly during conflict or challenging communication, professionals tend to establish barriers and enter a self-preserving state in which understanding and compassion decrease (Figley, 1995; Klimecki, 2019). Furthermore, research has indicated that people are less likely to be compassionate when relating to someone whom they fear or do not like or understand (Gilbert & Mascaro, 2017).

Social work and nursing education programs and their practice fields do not invest sufficient time enabling professionals in emotionally challenging work situations (Isdal, 2017; Knight, 2015) and might lack knowledge regarding how to build emotional safety and relational awareness. Conflict management has traditionally been framed in professional education and practice as managing "difficult" clients: "The so-called difficult patient is always at risk of not being considered a real patient, in need of and deserving of care" (Koekkoek et al., 2006, p. 800). Moreover, limited studies have demonstrated how professionals can empathize with their patients or clients during conflicts that evoke the professionals' own anger or other negative emotions (Halpern, 2007, p. 696). The "difficult client" approach is problematic considering that emotions have a pervasive influence on human judgment and thought (Clore & Huntsinger, 2007, p. 397). Considering that negative emotions are often triggered in relationships with others, research has suggested that the emotional resonance triggered during conflict can become the basis for compassion through the act of embracing the perspectives of those in distress if given attention (Betancourt, 2004; Halpern, 2007).

THE TRANSFORMING POWER OF SAFETY

The importance of safety in the professional-client relationship was first described by Carl Rogers (1967, p. 41). To avoid inadvertently repeating unhealthy interpersonal dynamics in the helping relationship, **trauma informed practice** incorporates the core principles of safety, trust, collaboration and empowerment (Levenson, 2017, p. 205). These insights indicate that professionals should not only consider that all clients might have experienced some form of past trauma but also respond to their vulnerability rather than challenging their behavior (2017, p. 111). The polyvagal theory can be helpful in understanding why safety is so vital and

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acknowledging that clients' adaptive coping strategies are symptoms of deeper harm rather than willful defiance. Honoring the clients' choices is primary in empowering them to make decisions that affect their lives. Moreover, the theory embraces the perspectives of professionals in emotionally challenging communication and distress.
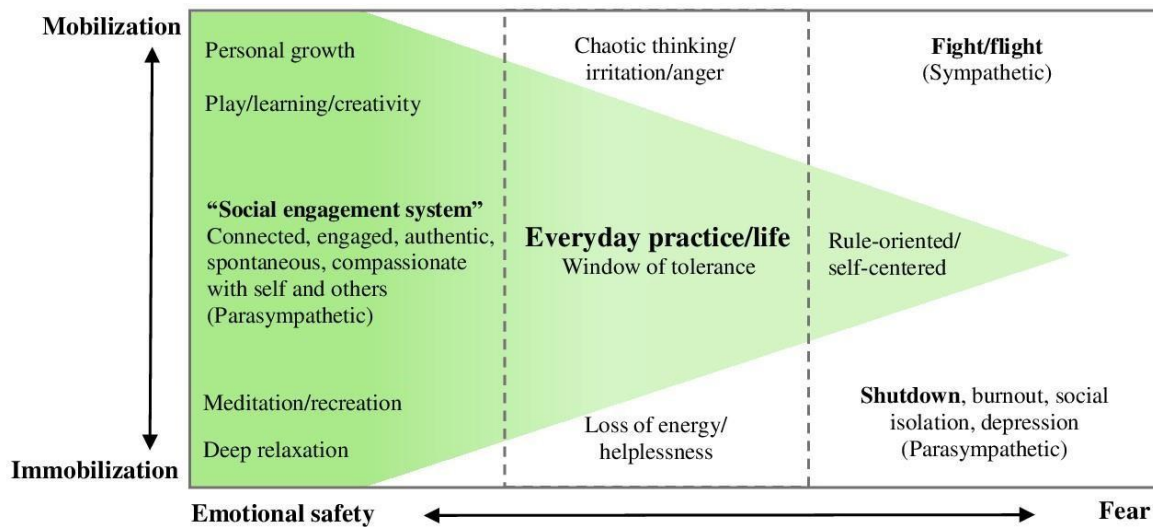
Figure 1: The power of safety (PoS). The model is developed by Lauridsen based on polyvagal theory and the window of tolerance (Porges 2017, Siegel 2012, Ogden et al. 2006)

Leading neuroscientists and psychologists have elaborated on how bodily sensations, emotions, and higher processes of the brain are related to safety by linking the evolution of the autonomic nervous system to affective experience, emotional expression, facial gestures, vocal communication, and social behaviour (Porges, 2009, p. S90). **The polyvagal theory** (Stephen W. Porges, 2017) identifies the following three neural circuits involved in regulating autonomic states: sympathetic fight/flight, parasympathetic shutdown and the social engagement system. The sympathetic nervous system is connected to defending oneself, detecting "danger", and preparing the body to fight or flee. During longer periods of danger or distress, the ability to defend oneself is weakened. To save energy and protect the body from pain, the parasympathetic system immobilizes emotions and higher brain functions. Under severe stress or in life-threatening situations, when one feels unable to defend oneself or flee, this immobilization can manifest as shutting down, fainting and dissociating (fear-induced immobilization). The third stage, which is unique to mammals, is called the "the social engagement system". As illustrated

in Figure 1, this system is engaged when we experience emotional safety and is connected to the mobilization of creativity, play and personal growth, and deep relaxation (immobilization without fear). This system navigates relationships and enables people to authentically connect to one's self and others, feel compassion and downregulate defences (S.W. Porges, 2017). The social engagement system has many things in common with the "window of tolerance", a zone of arousal in which emotions can be experienced as tolerable, information can be processed, and integrated, and everyday life demands can be met and responded to in a calm and connected way (Ogden, 2006; Siegel, 2012).

According to the polyvagal theory, professionals who experience fear or other negative emotions are less capable of building relationships and resolving challenging situations because their coping style becomes less flexible and dependent on rules. Furthermore, they are more likely to recruit defensive strategies, develop negative attitudes and experience loss of energy, i.e., burnout (Maslach & Leiter, 2016). In daily life and practice, negative emotions can be triggered by individual and collective vulnerabilities, such as a lack of competence, stress, one's own traumas, demanding life situations, experiences of moral injury, time restraints and inability to exercise professional efficiency. If considered a collective challenge, these factors require collective healing and responsibility to equally address the individual and structural causes and build safe communities that recognize the needs of both professionals and clients.

Restorative practice acknowledges that all human beings have the same basic needs for safety and belonging (Maslow, 1943). Restorative practice is a holistic and transformative approach aiming to promote collective healing and justice through appreciative dialogue and community building (Pranis, 2005; Zehr, 2002a.). A key tool in restorative practice is the circle process, which is a process of building a safe and non-judgmental environment that encourages participation, the sharing of vulnerabilities and strengths, and reflection on the emotional resonance triggered during conflict (Macbeth, Fine, Broadwood, Haslam, & Pitcher, 2011). In the circle, everyone faces each other, and there are no tables or disturbing obstacles. The process begins with a check-in, which creates the possibility for everyone to be seen and listened to and marks a ritual transition from everyday life to the present community (Boyes-Watson & Pranis, 2015; Pointer, 2019). Fundamental to restorative practice is the ability to build and restore relationships within a society in which disconnection is becoming the norm rather than the

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exception (Braithwaite, 1989) and to proactively build community and relationships that are better prepared to respond to harm.

Research regarding how to build emotional safety, relational awareness and compassion and how to apply them collectively to address challenging communication when both the client and the professional are feeling unsafe is limited. Furthermore, extant research concerning building compassion has noted individual responsibility for self-care (Maslach & Leiter, 2016; Pyles, 2020). However, we suggest that there is an organizational and political responsibility and need to address the challenges with collective care/healing in professional practices and education.

Both restorative and trauma-informed practices empower people in a safe and transformative way by creating a relational environment that cues safety. This allows participants to achieve what the polyvagal theory refers to as a social engagement state, enabling them to let down their defences and encouraging them to face and reflect upon their own negative feelings and express their vulnerabilities in their practice and daily life. The conceptual framework of this study rests on how principles of trauma-informed care and restorative practice can be used to activate the social engagement stage as a tool to increase competence and well-being among professionals and clients.

Taking these principles and insights into account, the following research question was developed: how can a restorative and trauma-informed circle process contribute to increasing professional development in challenging communication?

METHODS

STUDY DESIGN. This study was inspired by the aforementioned theoretical insights and the following first authors' experiences: a) working for many years as a social worker with traumatized young adults and b) facilitating restorative circle processes for students and professionals with encouraging feedback for over 10 years. Based on these experiences and to answer the overall research question, an action research study was carried out from 2017 to 2019. Consistent with Furu et al (2008), students and professionals were invited to work along with the researcher as research partners (referred to as "participants" in this article). The aim was to provide the participants the opportunity to challenge and reflect upon their practices by introducing them to a trauma-informed and restorative practice. A central part of this research was to provide a democratic circle process in which the participants were offered ways to

develop professionally by planning, pursuing action, observing and reflecting upon challenges related to their own practices (Draper, 2001).

PARTICIPANTS AND RECRUITMENT: The inclusion criterion for this study was being a social worker or nursing student with clients suffering from trauma. The two professions form a major part of the workforce in health and social services and are often not equipped with the needed understanding and/or support. Students were included to explore whether and how the circle process could be used in their educational programs to contribute to increasing interpersonal competence and safety. The participants were invited to an information meeting through service and education managers in three different settings. After being informed of the research process and sharing their practice challenges, twenty-nine social workers and nine nursing students volunteered to participate. In total, the study included eight social workers employed in the Norwegian Labour and Welfare Service (NAV), twelve social workers from a non-governmental labour and inclusion services organization, and nine nursing students who practiced in a psychiatric ward or drug rehabilitation facility. All participants signed a declaration of consent.

Table 1. Participants (gender, age and years of work experience)

	GENDER		AGE						RELEVANT WORK EXPERIENCE (in health or social work)				
	Female (22)	Male (7)	20-29 (11)	30-39 (8)	40-49 (9)	50-59 (1)	Mean	Min-max	5> (17)	5 -10 (9)	10< (3)	Mean	Min-max
Governmental social workers (n = 8)	8	0	1	2	5	0	39	28 - 59	2	4	2	10	2 - 24
Non-governmental social workers (n = 12)	8	4	2	5	4	1	39	26 - 57	7	4	1	5	1 - 12
Nursing students (n = 9)	6	3	8	1	0	0	25	21 - 32	8	1	0	3	0 - 8

CIRCLE PROCESS WORKSHOPS: From November 2017 to May 2018, three separate workshops, which included exercises, role-playing and reflection, were organized according to Geir

Dale's "From conflict to collaboration" (2006). To increase the sense of trust and connectedness in the group, all participants were asked what they needed to feel safe in the process, and a "talking piece" was passed to each person in the circle, providing all participants an opportunity to speak and listen to one another. The participants emphasized and agreed to listen and speak with respect and honor confidentiality. The dialogue continuously progressed through rounds of questions structured according to what the psychologist Marshal Rosenberg (2015) called "non-violent communication" using metaphors of the "giraffe" versus the "jackal" (wolf). The giraffe symbolizes the ability to observe, recognize and communicate feelings without judging and

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empathize with oneself and others, whereas the jackal symbolizes a more aggressive and defensive way of communicating by automatically responding without reflection and searching for the weaknesses of others. The metaphors helped the participants address their own communication strategies in different settings and circumstances.

The circle workshops lasted for six full days and consisted of three modules. The nursing students participated in five shortened days that incorporated the contents of the modules most relevant for them as students. The first module aimed to strengthen the participants' skills in resolving their own conflicts and sharing and reflecting upon their own experiences, strengths and vulnerabilities in connection with themes, such as positive cooperation, conflict understanding, "non-violent communication", triggers, anger, enemy images and conflict management. The second module aimed to provide the participants tools to understand and support others in conflict resolution while focusing on the role and practice of the mediator, dialogue and creativity. The third and last module focused on developing an understanding of how to use restorative circles with colleagues and clients. The last module was held six weeks after the first module to provide the participants time to act, observe and critically reflect upon their own practices.

DATA COLLECTION. The data used in this study were collected from reflection notes (RN), focus group interviews (FG), dialogue meetings (D), and individual interviews (I). All interviews and meetings were audio-recorded and transcribed verbatim. *Reflection notes:* All participants received a book in which they wrote their reflections during the process. Two participants decided to not deliver the notes to the researchers. After completing each of the three workshops, we organized a *focus group interview* highlighting the following: a) reflections upon interpersonal communication and safety after participating in the circle and

b) how they could use these insights in their daily practices. *Dialogue meetings:* Most social workers (n=15) participated in the reflective processes in three dialogue meetings that occurred 3-12 months after the last restorative workshops. During these meetings, the participants were presented the preliminary findings and reflected upon the findings as research partners. All participants were invited to *individual interviews* (n=18) a year after the focus group interview. The participants tended to be more specific during the individual interviews and critically reflected on the process of changes in challenging meetings and their overall practices. During

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and after the process, the preliminary findings were presented (in a circle) by the participants and the first author to other social workers, i.e., the leadership and welfare department of Norway. Furthermore, the participants used the circle process in meetings with clients.

METHODS FOR ANALYZING. A thematic analysis was conducted (Braun, Clarke, Hayfield, & Terry, 2018). The qualitative data were categorized according to the factors and concepts revealed to be important by the participants and to identify emerging themes. The themes were presented and developed in dialogue meetings and interviews with the participants over a one-year period. All aspects of the research process were rendered transparent to the participants and second author. To decrease bias from the first author, due to her leading role in facilitating the workshops, interviews and analyzing the data, the second author contributed with a critical outside perspective. Furthermore, two different co-facilitators critically reflected during the process.

RESULTS AND ANALYSIS

The participants' experiences after participating in the circle process centred on the following four main themes related to professional development in challenging communication: a) self-awareness and compassion for others; b) emotional safety and tolerance of stress in challenging communication; c) responding to vulnerability instead of challenging behaviour; and d) courage to progress toward personal growth.

THEME 1: SELF-AWARENESS AND COMPASSION FOR OTHERS

Most participants experienced increased self-awareness during and after the circle process as follows: *"I have become more aware of what I bring to a conversation in terms of body language, tone of voice, and choice of words/formulations"* (P20RN). The process also emphasizes that the participants' experiences of self-awareness are important for opening up and having compassion for others in relationships and practice. At the beginning of the workshop, several participants were mostly concerned with how imperative it was for clients to understand the rules and limitations of the system and themselves as professionals. During the exercises and reflections, their understanding and awareness of how their communication affected others became clearer, and their focus shifted toward the clients. According to one social worker, *"I have become more conscious and more aware of what my choice of words has to say for the*

message I give -- what words I use, how I say it, and how it is perceived ... Additionally, I have become more aware of identifying the needs of the person I am talking to" (P1FG). The process also liberated many participants to be more open-minded and likely to embrace the perspectives of others in distress. The following experiences were echoed by several social workers: *"I would say that the change in my understanding of other people's feelings, perspectives and actions had a special impact on me"* (P26RN); additionally, a nursing student stated *"I may have thought more about how I react in different situations, which I didn't think much about before ... I think it's good when I know myself and what makes me annoyed; I can better understand why others get annoyed with things"* (P16I). Participating in the circle shaped how the participants expressed themselves and how they understood and interpreted their practices. Most participants reflected upon how they became more aware of staying silent and actively listening to their clients as illustrated in the following quote: *"I became even more aware, dared to stand in silence, and the times when I really do, that's where I get the most benefit"* (P20D).

THEME 2: EMOTIONAL SAFETY AND TOLERANCE FOR STRESS IN CHALLENGING COMMUNICATION
Most participants felt more secure in interpersonal communication resulting in higher stress tolerance. Two nursing students reflected upon this outcome in their notes as follows: *"I have become more secure in communication and conflict management or maybe more in preventing conflicts. I think I will speak and behave differently than I did previously"*

(P13RN) and *"I think that my stress tolerance has increased considerably. I am more patient. I feel less stressed in conflicts, and I have become better at addressing my needs"* (P10RN). The study outlines that feeling insecure affects attitudes toward challenging clients. As they felt safer, they became better listeners and had increased patience and understanding of themselves and others. One social worker stated, *"Immediately after the sessions [circle], I noticed that I dared to let people in, the clients' whole story, that I dared to shut up, dared to hear them out. Before, I think that really stressed me out; I guess I assumed more ... I was only concerned about what I thought was important"* (P3I). With more understanding, several participants felt a sense of not only safety but also control, which allowed them to break down barriers and address situations without polarization. As explained by a social worker, *"It has given me a sense of safety and a sense of control over the situation ... I have had greater peace of mind. We have experienced a lot of conflict situations and death threats. Before, I distanced myself more from this kind of*

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client and became a lot more like [making a strict face] 'this is how it is' – and if it evolved into something more, I would just have gotten out of the office and got the manager; while now, I feel calmer in those situations and can keep the dialogue going without putting up barriers [showing with her hand and facial expression that she sets up a barrier]. I feel I have taken some of them down" (P8D). Several participants attained self-awareness in challenging situations and felt an increased sense of safety that allowed them to remain in communication. As explained by another social worker, *"As you learn new concepts or new perspectives, you may expand your 'window of tolerance' because you gain awareness of why you act like you do - like why I always go into hyper-activation or hypo-activation in some situations"* (P6I). For many participants, understanding their own reactions as they became calmer created room for curiosity, even in challenging communication.

THEME 3: TRAUMA UNDERSTANDING AND RESPONDING TO VULNERABILITY INSTEAD OF CHALLENGING THE BEHAVIOR

According to some participants, there is limited trauma-informed understanding in their respective practice fields, and clients are regarded as "difficult" as follows: *"I think we could have emphasized a lot more on understanding trauma because I think we tend to put some*

clients in boxes where some are 'difficult' clients"… "We can be a collective group of wolves. If something goes wrong or there is poor communication, it is always because there is something wrong with the clients – the client is blamed" (P6I). Describing themselves as a group of wolves showed how vulnerable the social workers felt in their profession. The changes in their understanding after the circle process seemed crucial. As the participants' focus shifted from defending themselves toward recognizing and listening to the needs of the clients, they opened up to deeper compassion and positive attitudes toward clients, rendering them more motivated to perform their work. One social worker elaborated on this change as follows: *"I have gained more understanding. Instead of saying, 'He is a buzz', I think a little more: Why is he angry? Why has he become angry, and what does he need not to be angry?*

When you think of clients like that, it is much easier to help and find the motivation to help. Then, you don't see someone as rude but as a person who has a really, really hard time" (P1I).

Many participants reported a change in their understanding from clients being difficult to clients being oppressed and suffering. This understanding is exemplified in the following quote: *"I have increased my understanding of why someone is so angry and feels powerlessness in the system and how I can compensate with my communication to some extent. We can come far just by being giraffes"* (P6RN). These findings are supported by previous research indicating how people are less likely to be compassionate when relating to someone whom they fear or do not like or understand (Gilbert & Mascaro, 2017). Identifying a client who exhibits challenging behaviours as suffering rather than misbehaving had a great impact. Helpers who tolerate feelings of anger are more likely to behave compassionately for the welfare of others than those who avoid angry feelings (Gilbert & Mascaro, 2017).

Several participants reported experiences of increased optimism and belief in their own competence. This outcome is illustrated in the following quote: *"We have contact with clients who do just that [pretend to be tough]. After all, it constitutes the core of the circle guidance - - to see and understand that we feel a need to protect ourselves when we are vulnerable, and so do the clients. That was what I experienced when working [in the circle] -- that one thing is to recognize how we [professionals] react and handle things ourselves but also to see and understand that it is some of the same things clients do when they meet us"* (P8I). This quote reveals an increased understanding of a shared humanity. Hence, once we accept our own and others' vulnerability, coping with emotions in challenging communication becomes less threatening.

THEME 4: COURAGE TO PROGRESS TOWARD PERSONAL GROWTH

Many participants reported that working in the circle, especially during the reflections after each exercise, challenged their comfort zones and increased their tolerance for discomfort. Additionally, the participants experienced a close connection among safety, having the courage to exit their comfort zone, and exploring self-discovery and introspection. As expressed in the reflection notes of one social worker, *"I've been given the opportunity to challenge myself in a safe environment. Initially, I always wanted to avoid such challenges ... Personally, it has been very educational, and I feel that I have developed myself and my personal skills"* (P2RN). One student reflected upon how her way of thinking and meeting people changed as follows: *"I feel that I have learned more about myself and the way I communicate with those around me. I meet*

others in a different way, and I am more open and less judgmental. I have learned how to become better in communicating with others not only in terms of body language but also in how to convey my own thoughts and needs" (P10RN). One participant addressed the importance of introspection as follows: *"I think it is very exciting to go into oneself first; in the next moment, it opened up room to being able to see others"* (P6I). Recognition of self and others is necessary for self-change and growth in all relationships. In the circle, recognition is further directed to enable a more socially just practice in which participants are provided the opportunity to enter a safe space for deep reflection and challenging their practice.

DISCUSSION

Altogether, the four themes emerging in this study relate to the importance of increasing the participants' emotional safety for professional development. "Safety is two-dimensional with an objective component, assessed by behavioural and environmental measures, and a subjective component, acknowledging the feeling of safety experienced by professional and clients alike" (Beattie, Griffiths, Innes, & Morphet, 2019, p. 118). The participants reported that talking about their feelings, including negative ones, and challenging situations promoted well-being, bonding and understanding. Moreover, the circle process enabled some participants to break down barriers and other participants to lean back and grant more empowerment and attention to clients. Most participants felt calmer, more compassionate and motivated in the helping relationship.

This study indicates that when the participants developed an awareness of themselves and their own vulnerability, they could better open up and view both themselves and traumatized clients through another lens: not as difficult clients but as vulnerable and suffering people. Self-relating throughout the lifespan and accepting one's vulnerability are important for achieving emotional maturity, which entails and fosters non-judgment, forgiveness, and acceptance of oneself and others (Neff, 2009, p. 213). The findings of this study support findings from recent research concerning the development of compassion (Seppälä et al., 2017). Addressing fear and insecurity in practices seems crucial for building self-awareness and self-compassion. When the participants changed their awareness and beliefs about themselves, it led them to think, feel, and act differently (Dweck, 2013). We all struggle with inner conflicts. Becoming aware of our triggers and tendency to judge ourselves and acknowledging our positive qualities can help us understand and work on these inner conflicts, resulting in less fear and better communication. Trauma-informed practice

based on polyvagal theory offers professionals an understanding of the necessity to experience safety; remain flexible, connected, and compassionate; and understand how they depend on their own and clients' neurophysiological states (S.W. Porges, 2017, p. 189). Trauma is related to the loss of connection – to ourselves, our bodies, others and the world around us (Levine, 2012) – while restorative practice is related to building relationships and community.

Participating in the workshop reminded many participants of our shared humanity and the importance of being kind and true to themselves. Reducing insecurity and shame by increasing self-compassion in professionals can be a powerful way to enhance personal and interpersonal well-being (Seppälä et al., 2017, p. 382). Understanding trauma and challenging communication from the perspectives of both the client and the professional is of importance to all human services in which relationships and interpersonal communication are the main resources for change.

The need for personal growth and transformation often appears in challenging situations when people are confronted with problems without being provided the tools necessary to solve them. Involving professionals and students as partners promoted engagement and an understanding of their own practices and provided an opportunity to create changes during and after the process. These findings indicate that **restorative practice** can contribute to healing trauma through supportive and healthy relationships, providing people an opportunity to speak and listen to one another in an atmosphere of safety and equality, and mindfully encouraging the participants to slow down and be present with themselves and others. When professionals are given the opportunity and responsibility to reflect upon their own practices, it can create awareness and empower their own practices (Rundell, 2007, p. 54), focusing on

"becoming better humans for others and for themselves" (Kaufman, 2020, p. 220). Changing a culture starts with challenging practices, stereotypes, prejudices, attitudes, beliefs and behaviours that contribute to injustice and harm and changing the mind sets through sharing and deep reflection (Morrison, 2007). There is a need to shift from self-defence to self-care, collective caring, healing and well-being and transforming the institutions and relationships that cause harm in the first place (Ginwright, 2015, p. 38).

CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

The purpose of this study was to explore whether the restorative circle process could contribute to increasing professional development in challenging communication. Organized in a circle to promote feelings of safety, the participants had the opportunity to reflect upon their needs in situations involving challenging communication; reflect upon how insecurity, beliefs, values, attitudes, and experiences might hinder them from achieving well-being; and establish grounds for change. This research suggests that restorative circles can build professional competence and result in lowered defenses, allowing for appreciative dialogue and reconnecting to professional and human values in communication. Furthermore, this research can contribute new knowledge regarding how to use restorative circles to build safety, compassion and relationships in education and practice. Addressing both professionals' and clients' need for safety and belonging creates an opportunity for personal and organizational change, which can be achieved by (re)acknowledging the importance of building connections, understanding attitudes and empowerment, thereby breaking down the isolation and detachment that has taken over social/human services. Such personal and organizational changes can benefit the wellbeing of both professionals and clients.

It is necessary to spend time challenging practices and reflecting upon who we are and what we need in education and practice. Otherwise, the interpersonal and ethical dimension can easily be overridden or eliminated by "efficiency" ratings and time restraints.

The findings of this study must be considered in light of some limitations. First, the findings cannot be generalized to populations beyond those included in the study. Second, this study relies on self-report; thus, bias and inaccuracy may be present. Third, this study does not include clients' evaluation; thus, we cannot determine whether or the degree to which their well-being was affected by this study. Finally, the central involvement of the first author through interaction and applied theoretical perspectives may to some degree have impacted the findings. Thus far, the participants' positive evaluations in their practice fields have encouraged the managers of social and care services in Norway to attend circle processes to improve their collective care. Furthermore, the first author and a study participant are collaborating with professionals working in centers for physical, psychological and sexual abuse to develop a model of collective care based on the findings of this study. However, continuing research is needed to further document and explore how training in restorative circle processes can contribute to professional

development and provide a new understanding of challenging communication in education and practice.

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Article 3

Marlene Bruun Lauridsen
Med kommentartekster fra Gry Eikanger og Guro Asphaug, NAV Harstad

Kapittel 14

INDIVIDUELL OG KOLLEKTIV SÅRBARHET I HJELPERROLLEN

«Vi har alle bruk for veiledning på veilederrollen»

SAMMENDRAG

Veiledere innen helse- og sosialfaglige velferdstjenester er i daglig kontakt med mennesker som har opplevd traumer og har utfordringer på mange livsområder: arbeid, bolig, økonomi, og sosialt: psykiske og fysiske helseutfordringer. Å stå i disse møtene krever mellommenneskelig kompetanse og trygghet. Forskning indikerer at mange fagprofesjoner opplever at de ikke har tid til å bygge relasjoner, og at de ikke føler seg forberedt på de negative følelsene og utryggheten som kan dukke opp i de utfordrende samtalene. Dette kan ha konsekvenser for om brukeren oppleves som vanskelig eller sårbar; hjelpen brukeren får; og veilederens mestringsfølelse og medfølelsestilfredshet. I dette kapittelet skal vi se på

Individual and collective vulnerability in the helping professions

'We all need supportive supervision as helpers'

Marlene Bruun Lauridsen

Health and social care workers are in daily contact with people who have experienced trauma and have current challenges in many areas of life, such as employment, housing, finances, social life, in addition to mental and physical health problems. Such encounters call for interpersonal competence and a feeling of emotional safety. Research indicates that many

professionals find that they lack the time to build relationships with clients, and feel unprepared for the negative feelings and insecurity that may arise in challenging communication situations. This will affect whether clients are perceived as difficult or vulnerable, the help they receive, and the social worker's sense of coping and compassion satisfaction. In this chapter, we will explore how a sample of social workers experienced their role in such situations. The social workers were all participating in a research study; eight were from the Norwegian Labour and Welfare Service (NAV) while twelve worked for an employment and inclusion services organization. We focus particularly on the experiences of social workers whose daily work involves clients with varying degrees of substance abuse and/or mental health problems.

Introduction

Interpersonal competence is fundamental to working with people, in order to establish trust and enable collaboration with e.g. service users and employers (Aubert & Bakke, 2018;

Spjelkavik & Frøyland, 2014). However, one's ability to build and maintain relationships may be constrained by individual and/or structural factors. Individual factors include previous life experiences, attitudes, knowledge and skills. It is particularly important to possess skill in building relationships with people with complex trauma experiences and/or in a vulnerable situation. Structural factors that may constrain opportunities to build and maintain relationships are management by objectives and standardization, in addition to lack

of time, resources, support and supervision (Kane, Köhler-Olsen & Reedtz, 2017; Katsounari, 2015; Knight, 2019; Maslach & Leiter, 2016; Wik & Tøssebro, 2017; Øvrelid, 2018).

A new NAV reform has led to major structural changes in the tasks and roles of social workers (Erlien, 2017; Glemmestad & Kleppe, 2019). Many of them feel that their professional identity and obligation to serve clients have been replaced by a role where they must communicate and serve (government) goals of increased efficiency and cost-effective management. The stated aim of increased client participation in the NAV reform can therefore in practice be seen as contradictory by social workers who are under time pressure and torn between serving clients and serving the system (Erlien, 2017; Jenssen, 2010; Strier & Bershtling, 2016; Wik & Tøssebro, 2017). In the worst case, client participation could be abused by placing responsibility on the client, instead of it being seen as a right to participate on equal terms in one's case (Jenssen, 2010). Similarly, social workers in employment and inclusion services, who mainly work on behalf of NAV, have experienced increasing uncertainty and unpredictability with the introduction of rounds of tenders. In order to compete for the best and cheapest measures, social workers have to clear clients and include them in the labour market within a tighter time frame than previously (Leikvoll & Herning, 2017; Proba, 2019). The Norwegian Labour Inspection Authority has pointed out that 'huge productivity pressure, new professional roles and a feeling of inadequacy at work' may have adversely affected social workers' health (Erlien, 2017, s. 369). The aim of this chapter is to examine social workers' experiences of their role, and to provide insights that can lead to changes in practice. Henceforth, social workers from NAV and those from employment and inclusion organizations will be both be referred to as 'social workers'.

Challenging encounters with people with trauma

Social workers often have clients with experiences of trauma or who are in a challenging/complex life situation (Lauridsen & Munkejord, (in press)). Trauma literally means 'wound'. Complex trauma can be seen as the result of persistent stress over time, where different traumatic events have overlapped or replaced each other. Complex trauma can result in a lifelong risk of chronic disease, loss of core self-regulatory capacities, and difficulty in establishing relationships with others (Cook et al., 2005). It is therefore not surprising that various groups of vulnerable people, including those who have experienced

trauma, have particular difficulty in finding and keeping a job without support (Kane et al., 2017; Stimo, Persson & Hellum, 2019). Helping people in crisis and with trauma can be stressful and emotionally challenging (Figley, 1995). In conflictual situations, and other communication perceived as lacking in safety, professionals tend to establish barriers and become more rule-oriented, while their understanding and compassion diminish (Figley, 1995; Klimecki, 2019). A study by Wik and Tøssebro (2017) found a considerable difference between individual-oriented and rule-oriented approaches to clients, depending on the social workers and the NAV office. Clients with extensive support needs were more often meet with rule-oriented attitude. Further, research shows that clients who are described as *difficult* or are disliked are at risk of not being met with empathy and equal care (Gilbert & Mascaro, 2017; Koekkoek, van Meijel & Hutschemaekers, 2006, s. 800). Studies indicate that many professionals do not feel adequately equipped to deal with negative emotions in difficult encounters (Cunningham, 2003; Knight, 2015). It is also inevitable that professionals bring their own negative relationship experiences and trauma to the encounter (Katsounari, 2015). If the professional does not feel emotionally safe, it can affect the quality of the services offered and clients' experience of the help they receive (Lauridsen & Munkejord, (in press); Toohill, Fenwick, Sidebotham, Gamble & Creedy, 2019). Professionals who have processed their own trauma may have developed greater sensitivity, compassion and understanding for others, as well as good strategies to cope with negative emotions (Collins & Long, 2003; Masson & Moodley, 2020).

In stressful work environments, staff often have no opportunity to talk about and reflect on difficult feelings that arise. Many therefore have a sense of inadequacy and of being alone with their challenges (Isdal, 2017; Knight, 2015; Lauridsen & Munkejord, (in press)).

Unsafety and burnout in social work

It is demanding to work with people with complex challenges and little faith in the health and social care system, and/or themselves. Many people who have applied for jobs in the sector have been motivated by the opportunity to help others. Perhaps they themselves, or a friend or relative, have found that they did not get the help they needed (Katsounari, 2015). If such help is not possible or is limited due to lack of time, resources and services, social workers may find this an additional burden. They may feel and be at risk of developing the same

symptoms as the clients they work with: unsafety, low coping skills, loss of energy, irritation and anger.

The main causes of burnout and work-related stressors are emotional and physical unsafety (Devilly, Wright & Varker, 2009).

Recent research in psychology and neurobiology, such as the polyvagal theory (Porges, 2007; 2017, s. 193) and the window of tolerance (Ogden, Minton & Pain, 2006; Siegel, 2012) may help us to understand what happens when the helper feels unsafe or threatened, loses the ability to think clearly in challenging situations and may eventually experience symptoms of burnout. Three key factors in burnout are overwhelming exhaustion, feelings of cynicism about the job, and a sense of ineffectiveness and inability to accomplish tasks (Maslach & Leiter, 2016).
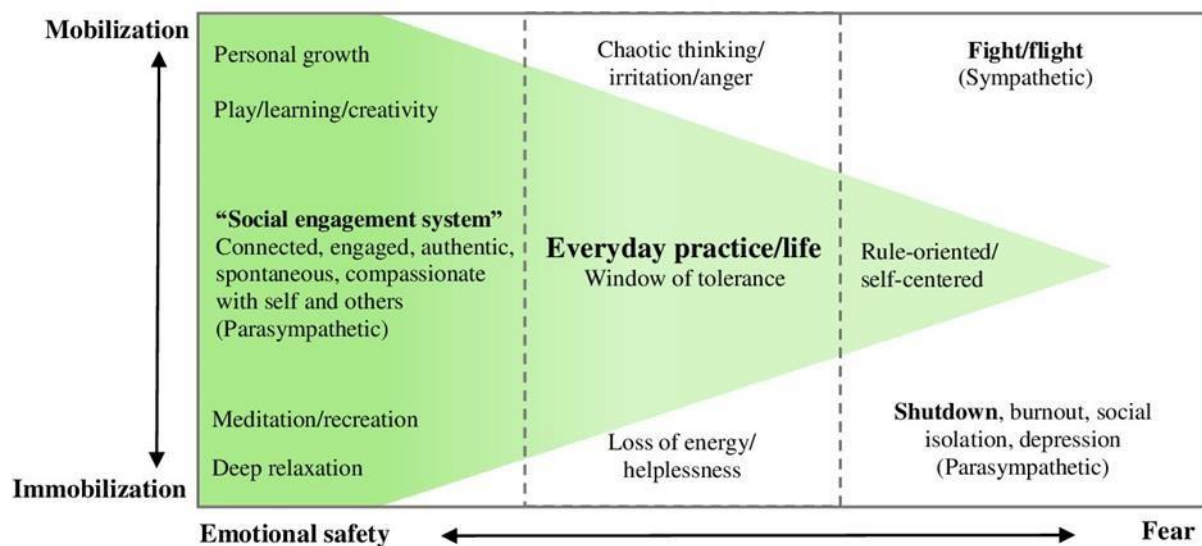
Figure 1: Power of safety (PoS). This model was developed by Lauridsen (2020; Lauridsen & Munkejord, (in press)), based on Porges' (2017) polyvagal theory and the window of tolerance model (Ogden et al., 2006; Siegel, 2012).

Porges (2017) argues that when we feel safe, we use what he calls our *social engagement system* to solve challenges in our life and work. When this system is mobilized, we experience openness, creativity, flexibility and compassion for ourselves and others. The system also enables us to immobilize (without fear) so that we can experience deep relaxation. Here our body language will generally indicate to others that we are safe to be with. The social engagement system is less accessible when we feel unsafe and unsure; we

then activate our defence system to enable 'fight or flight' if necessary. When we are in defensive mode, our body language is more detached and our facial expression more blank, we become more easily irritated or angry, less flexible and more rule-bound, and soon we find we have less energy and are less engaged. After prolonged periods of unsafety and/or a life-threatening situation, where we have no possibility or energy to defend ourselves or escape, our body can shut down to protect itself from stress and pain (Porges, 2017).

There are many parallels between the social engagement system and the window of tolerance. The latter originates from developmental psychology and refers to a zone of emotional activation that is optimal for well-being, where emotions are felt to be tolerable, and people can remain calm and open. The window of tolerance is also used to understand how trauma puts the body on high alert, and thus triggers an overproduction of stress-related hormones, and the nervous system responds by going into a fight, flight or freeze response (Ogden et al., 2006).

I would argue that the above 'power of safety' model, in the context of the theories presented here, can be used to understand the reactions of both social workers and clients when their communication appears unsafe. How an individual will react depends on the person and the context, but the reaction may also have been adopted early in life as a way of escaping from perceived unmanageable stress. Insight into trauma-informed practice implies an understanding that relationship building, and personal growth can only take place when both helper and client feel safe (Levenson, 2017). We are all vulnerable as human beings, but getting to know ourselves better, improving our interpersonal competence and increasing our safety can enhance our understanding, compassion, and attitudes towards others (Lauridsen & Munkejord, (in press)). Here we also see a close connection to *mindfulness*, where being present in the moment leads to greater self-awareness and a decreased need for regulation. It provides an experience of peace and connection and a change in how one feels about thoughts and emotions that arise, in oneself and others. Among the useful aspects of mindfulness are supportive group processes and the recognition that life and its challenges are part of one's everyday work (Cairns & Murray, 2015; Wyatt, Harper & Weatherhead, 2014).

Social work education and associated practice invest little time in self-care and how to reflect on and prepare for emotionally demanding work situations (Isdal, 2017; Knight, 2015; Morrison, 2007). Education and practice may also provide little knowledge of how to build emotional safety, relational awareness and compassion for oneself and others in challenging communication situations (Isdal, 2017; Lauridsen & Munkejord, (in press)). Restorative practice focuses on developing conflict understanding and restoring interpersonal relationships. This is particularly important in a society where isolation and loneliness have become the norm rather than the exception (Braithwaite, 1989). Research has shown that restorative practice is helpful in strengthening relationships and developing safe and inclusive learning environments (Hopkins, 2009; Lauridsen, 2020; Pointer, 2019; Pranis, 2004).

This chapter is based on the theoretical insights mentioned above. This action research study aims to offer social workers a circle process based on insights into restorative practice, explore their experiences of their role as social workers, enable critical reflection and changes in practice and further develop the circle process based on the experiences gained.

Method

The study on which this chapter is based was initiated as part of a PhD based on the author's many years of experience of supporting traumatized young adults and as the organizer of circle process conflict workshops. My experience from the field of practice was that social workers often focused on the behaviour management of young people with complex traumas, and thus showed little compassion for the vulnerability their behaviour was an expression of and the traumas that lay behind it. Feedback through an evaluation and questionnaire indicated that participation in the circle and insight into restorative practice increased participants' understanding of themselves and others in challenging communication situation. In this study, a key factor was the way the circle process was organized. Inspired by action research in a Nordic perspective (Eikeland, 2012; Furu, Salo & Rönnerman, 2008), the participants were invited to be co-researchers. By creating a setting where theory and practice meet, assumptions and prejudices are challenged, and it becomes easier to reflect on and change one's practice (Furu et al., 2008, s. 157; Kemmis, 2012). The idea leading to the research project was that participating in a restorative practice process linked to and drawing

on research on trauma and stress management would increase participants' understanding of themselves and their clients, and thus improve services.

The inclusion criterion was to be working with clients with varying degrees of substance abuse and/or mental health challenges. Participants were recruited via their leaders or teachers from three different settings: 1) eight social workers from two NAV offices, 2) twelve social workers from an employment and inclusion services organization, and 3) nine students taking a bachelor's degree in nursing. This chapter only uses the data from participants from NAV and the employment and inclusion services organization, sixteen women and four men in all. The NAV social workers participated as part of an ongoing project 'Developing Methodology in NAV: Inclusion, Trust and Restoration' in a overall research project 'Work Inclusion,

Innovation and learning in NAV', which forms part of the collaboration between UiT The Arctic University of Norway and NAV Troms and Finnmark.

Potential participants in each sub-study were invited to an information meeting organized in a circle. They all signed a consent form stating that participation was voluntary. Those who were interested were offered to participate in the study as co-researchers for further development. From November 2017 to May 2018, the author and co-facilitator facilitated one workshop for the NAV participants and one for the employment and inclusion participants[11].

The circle is used as a basic tool in restorative practice, based on the principles of respect, equality, voluntariness and participation. The circle process involves exercises, roleplay and reflective dialogue, against a background of safety, compassion and relationship building. All exercises begin and end with reflection in the circle. A *talking piece* is used to allow all

[11] I would like to take this opportunity to thank Ove-Petter Sørheim for co-facilitation and useful discussions before and after the workshop (employment and inclusion) and Ida Marie Hydle, who was a co-facilitator (NAV) and co-supervisor for parts of my PhD.

participants equal opportunity to talk and be listened to (Lauridsen, 2020; Pranis, 2004; Zehr, 2002a.). The dialogue in the restorative circle is based on what Rosenberg (2015) calls *nonviolent communication*, which encourages active listening and increases participants' capacity to be compassionate towards themselves and others. The facilitators help them to feel safe enough to explore their prejudices, feelings, needs, fears and concerns related to challenging communication or situations. The facilitators sit in the circle, participating and sharing on an equal footing with the participants (Dale, 2006; Foss, 2016; Lauridsen, 2020; Pointer, 2019).

The workshop (2 x 3 full days) consisted of three modules based on Geir Dale's (2006) book 'Fra konflikt til samarbeid' (From conflict to cooperation). The aim of the first module was to enhance the participants' skill in resolving their own conflicts, based on an understanding of non-violent communication. Here, participants shared and reflected on their own experiences, strengths and vulnerabilities. The second module aimed to provide participants with key tools for mediation and for understanding and supporting others in conflict resolution. In the third and final module, we explored how to use the circle process with colleagues and/or clients of various health and social care services to enhance inclusion and well-being. There were four to six weeks between the first and last module; this allowed participants time to reflect on their practice involving the new tools and understanding from the first workshop.

The data presented in this chapter were collected in different stages: immediately after the final workshop, *reflection notes* were collected, and a two-hour *focus group interview* was conducted by the author. Emphasis was placed on 1) participants' reflections on interpersonal communication after participation in the workshop, 2) stress management and 3) how participants could use these insights in their daily practice.

After three to twelve months, three *dialogue meetings* were held in which fifteen social workers participated. Here they were presented with preliminary findings and invited to reflect on them as research partners and to explore new topics. The topics chosen after the dialogue meetings were the role of the social worker, supporting helpers, and resistance to change.

One year after the final workshop, all participants were invited to participate in semi-structured *individual interviews*. Three men and eleven women participated; seven from NAV and seven from employment and inclusion services. All meetings and interviews were recorded and transcribed verbatim.

A thematic analysis was conducted (Braun & Clarke, 2006; Braun, Clarke, Hayfield, & Terry, 2018) in dialogue with the participants. The data were coded in NVivo and sorted based on the participants' descriptions of their experiences from the field. All aspects of the research process were made transparent to the participants. The main topics from the participants' descriptions were the role of the social worker, attitudes, individual or joint practice, time for reflection, time pressure, change, the management focus and the need for support for social workers. A picture emerged of the individual and collective consequences of a work situation involving many clients with complex needs, time pressure and a great need for support for social workers. The study was approved by the Norwegian Centre for Research Data (reference number 55515).

Findings and analysis

This section focuses on three of the main themes identified in the analysis: lack of safety as a social worker, individual and collective vulnerability, and the need to support social workers.

Lack of safety as a social worker

Many participants described how, despite many years of work experience, they still did not feel safe as social workers. One participant put it this way:

> I think when you graduate as a social worker, people expect you to be confident in making conversation, they think you know how to do it, but what if you've never practised it? If you've just read about it in a book, how confident can you really be? And if you've got no self-awareness, how much good can you do? And I'd say that most people who study social work with children or adults are carrying some emotional baggage [smiles and laughter in agreement]. And that's what makes people choose those jobs, but what if you haven't worked through your baggage? [thoughtful silence and several say 'mhmm'].

The social workers reflected on what their education had taught them. The majority reported not feeling equipped and prepared for the negative emotions that arose in their work: 'You're supposed to be so understanding, but you don't learn much about the negative emotions you may have'. They agreed on the following: 'There's a huge need for some kind of support or some kind of awareness of what it does to me and what's missing'. Several NAV participants also mentioned the extensive area of responsibility of NAV: 'You have to know a lot and it's almost impossible for a person to take it all in'. One participant highlighted the consequences of having insufficient competence: 'Then you go around feeling unsure and stupid at work, every day, and that's not a pleasant feeling, you feel inadequate, can't cope, that's very bad for your work and it will make you ill'. Participants pointed out that social workers in NAV and employment and inclusion services have different educational backgrounds and thus a different basis for conversations and communication.

Participants stated that feeling safe as a social worker was key to good relationships in encounters with all clients and collaborators. Many participants did not feel safe in their role as social workers. This was due to various factors, including a feeling of lack of competence and being poorly prepared and equipped to handle the situation when they are triggered in challenging encounters.

Individual and collective vulnerability

In the following, I distinguish between individual and collective vulnerability among social workers. This is an artificial division, as the two concepts overlap. One can be a form of expression of the other. Nevertheless, I have considered it important to show how vulnerability, if it cannot be manifested in its natural form, can be destructive, both for the individual and the collective work environment.

Individual vulnerability

Many participants described how the services offered to clients were poor or inadequate, which not only negatively affected the clients, but also the social workers themselves. Furthermore, several participants felt that their mission as social workers, namely the inclusion of vulnerable people in difficult situations, was overshadowed by goal achievement and efficiency pressure, leaving them with a feeling of being unable to do a satisfactory job.

Participants from employment and inclusion services found that much time was spent complaining about 'reorganization at the expense of doing your job. So, then you get behind, assignments are postponed, and there are consequences, which is actually fear or dread.

Many participants said that they dreaded going to work and felt unable to cope. They also described feelings of being stuck, hopelessness, burnout, passivity and poor motivation. This is illustrated by the following quotes from one participant from employment and inclusion services and one from NAV:

> When there are lots of changes I become more passive, maybe also less motivated, and this affects the clients you have, so you, how can I explain it, you no longer have the same passion to do something extra for a client, when there's so much chaos around you, in the end it affects them, your motivation, so it gets to be like: well ok, it's just a job…instead of having that extra enthusiasm and really wanting to help someone.

> You've got no energy to do anything, you think it won't help if you speak up. Doing something about it is useless and as for applying for another job, I haven't got the energy for that either and it just affects all your vitality, there's no escape, I'm just stuck here in this awful mess.

Several described 'the feeling of getting a bit mentally ill myself'. They found they had no energy to do anything about their situation, which also affected their family relationships: 'It has an effect on us when we come home. My children often keep saying, 'Mummy, Mummy!' and they get annoyed and say 'Mummy, you're not listening to me'. And then I realise I'm completely mentally exhausted, I've given everything at work'. Others described taking out their frustration on their partner or their parents.

To ask for support was described by one participant from NAV as yet another failure and confirmation that one cannot cope: 'You kind of feel a bit stupid afterwards: "You couldn't cope with this either" ... it breaks down your self-confidence and self-esteem, your expectations of yourself or almost everything.'

Several participants described how their colleagues sometimes looked down on them if they spend time helping their clients. They mentioned comments such as: 'You mustn't care so much' or 'You spend so much time on talking to them, while the rest of us sit here working ourselves to death'. Participants also mentioned an understanding that to carry on in the job, one had to 'not give a damn': 'That's actually something we talked about at NAV, the ones

who manage to do their job at NAV without getting too involved, it almost seems like they're the ones who manage to stay on in their job over time'.

A key point that emerged was that most people had a feeling of inadequacy, but were trying to hide their vulnerability from themselves and others. Different consequences were described: a feeling of constant frustration and anger, or resignation and doing only what was absolutely necessary, which could both lead to negative attitudes and sickness absence.

Collective vulnerability

The NAV social workers in particular described a work situation full of unsafety, vulnerability and fear that put them constantly on alert: 'It's NAV against the rest, don't come here and mess with my NAV family'. Participants also described feeling collective compassion fatigue; here, they found it easier to hide behind legislation, rules or procedures to avoid making their own assessments. This complicates collaboration and encounters with clients, because all staff are then outside their social engagement system as shown in the power of safety model. One participant described it in this way:

> In a work environment full of collective compassion fatigue, you may not always be interested in other people and the new employees soon get integrated into the problems or the working environment that's there, the whole hopeless situation… We who work at NAV, on the one hand we're terrified of what we'll face when we have a meeting with other helping disciplines, because people have come to think, like, now they're going to get us, now everyone will be going after us, so then you go to meetings in a highly defensive mode… there's a feeling of inferiority that's become established; working at NAV is no fun, nobody looks up to us NAV staff or thinks we do a good job, it's connected to what we've seen in the whole of society, in the media and in other agencies, this anger dirested toward that NAV is doing a bad job, that the people who work there are idiots… This leads to a kind of collective feeling of 'us against them', a bit like putting each other in boxes… our work is so stressful that we have a huge need to put the clients in boxes or put NAV's work in a box and then think like ok, we're only responsible for helping people to find a job or we're only responsible for the finances and someone else has to take care of all the rest.

The participants from NAV stated that a culture had developed with its own way of talking, where where it is accepted to say:

> I hope that my client won't show up, so you kind of feel extremely relieved when he doesn't come and you make little effort to get him to come, you know, because you feel so relieved, I don't have to go into this case, 'It's his problem if he doesn't come' or 'It hass nothing to do with me'.

Participants stated that if social workers feel they cannot cope, cannot do what they find rewarding, or have no time and opportunity to be kind, compassionate helpers, negative attitudes towards clients and a more negative work environment can develop.

> I think we focus so much on marking of the limits [delimitation] … because it's easy to think 'that's the solution' due to little time we have to limit our work and therefore don't suggest a meeting unless the client suggests one, and we tell ourselves and colleagues we shouldn't offer too much, because then we give ourselves more work. But maybe if we rather focused on on becoming better social workers, we'd save a lot of time.

The social workers found that the focus on defining roles and firefighting has meant poor services for clients, where fewer received the help, they need. They also noted how frustrations can be directed at clients. They felt that there was no systematic work or reflection on this problem.

Many participants mentioned how time pressure diminishes quality, coping and self-esteem, and results in a loss of energy and pleasure. As described above, a kind of collective compassion fatigue arises, which makes social workers limit their field of responsibility and hide behind rules and legislation, and a culture develops where people are out to get each other and are afraid of others getting them. Some described a negative work environment, where they have developed a don't care attitude and/or negative attitudes towards clients. Collective vulnerability was most prevalent among NAV social workers, who had long been subject to time pressure, and based on their descriptions, generally had five to eight times more clients than the social workers from the employment and inclusion services.

The need for supportive supervision on the role as a helper

The participants felt that the circle process helped them identify their own challenges and become closer to clients actively listening to their feelings and needs. Many also reported spending less time dreading meetings and conversations with clients, as described here by two participants:

> I think it's easier for me to relate to them [clients} now… she's not just that rude person, but a person who's feeling really, really bad, and then I feel more like helping than if I think she's an ungrateful so

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and-so who just wants money. It's not that easy to help them then. A change in attitude makes the work easier and it means you can do a better job, so they all get good care.

You don't have to have that feeling of 'Oh my God, that idiot, bloody hell!' and then I think you're not so afraid the client will explode, because we manage to relate to them before they start shouting… And we can't read up about how to do that in e-learning, there's no way even if we're qualified, because we don't know how we'll react when we meet people who raise their voices in distress, so I really believe in this model [the circle process].

All participants expressed a need for systematic reflection on their own issues and attitudes. They felt that it would save them a lot of time in improving and feeling safer as social workers: 'We all need supportive supervision as helpers'. They emphasized the need to talk about 'why we react the way we do or why we do what we do. Why we're so afraid of conflicts or answering the phone or whatever, and then I think we'll find things much easier (many say mmmmmm)' and also: 'How to get through to vulnerable people who can't take in information very well, for various reasons'.

Other points mentioned were the need to develop common understandings and improve one's self-awareness, positive attitudes towards clients, trauma understanding and conflict resolution competence. Participants stated that this would not only enhance their feeling of safety, but could also result in a less negative view of clients and less anger towards management.

Several participants felt that the circle process methodology should be included in health and social care education in parallel with ethics, to familiarize students with this way of thinking and thus to ensure that they will not be afraid to try it out in practice. One NAV social worker felt that it would be useful if more people 'learned to use this way of understanding and talking to and about other people, so that more clients had positive experiences of meeting people at NAV. Not just a lot of stress or something they dreaded'. Another said: 'It's so easy to take over the well-established prejudices in practice or at work about how to react to people in a crisis or conflict with power and control and consequences or punishment'.

Several participants stated that a culture had developed where social workers avoided inservice training, because they were afraid of being judged or exposed for not having sufficient knowledge and skills. They referred to experiences from the NAV 'support

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platform' and other measures that have been taken to improve the competencies of social workers. There was a general uncertainty among the participants: 'I'm not sure if we feel safe enough to be vulnerable among our colleagues, I think you can do it in some groups, but I'm not sure if people dare'. This is supported by the experience that those who need it most often do not participate. It is naturally a cause for concern that social work is based on a culture of fear, but this illustrates and emphasizes the importance of a general focus on increasing social workers' feeling of safety and helping them to enter their window of tolerance. If social workers are to participate safely in a circle process, management must be willing and able to create a safe space for participation and critical thinking, and to ensure that their work is experienced as meaningful and in accordance with professional ethics.

The social workers felt that the circle process provided a safe space to understand and work on their own triggers and attitudes in relation to clients, to enhance their conflict management and relationship skills, and particularly to focus on the role of the social worker. Following participation, most of them experienced a) increased safety in the social worker role, in cooperation and in challenging conversations, b) greater awareness and understanding of their own feelings and emotional reactions, c) increased reflection on prejudice, which led to more positive and inclusive attitudes, and d) increased meaningfulness and work satisfaction.

Discussion

When we do not feel safe, we focus on ourselves

A key finding from this study, which is in line with the theoretical background, is that private experiences and lives cannot be kept separate from work (Collins & Long, 2003; Katsounari, 2015). We all have periods of stress and challenges in our own lives, such as divorce, physical and mental illness, or addiction problems in our family. If our private life involves problems and stress, this may affect our work capacity and how we relate to and communicate with clients and colleagues, and make us perceive episodes that arise as more stressful (Maslach & Leiter, 2016). Further, communication with our family members will be affected by work with continuous time pressure, stress and poor coping. If social workers do not focus on this, it can soon become a vicious circle, where they do not feel they cope or belong anywhere [alienated]. Some react with increased attention to themselves and

decreased ability to relate to the needs of others (Porges, 2017). Others try to forget all their own problems by immersing themselves in the needs and problems of others. Neither strategy is helpful in the long run. It is therefore important to establish safe spaces to feel and reflect on emotions that have arisen at work. It must also be possible to discuss openly how social workers sometimes are torn between work and their home situation, and increasingly between efficiency requirements and time for relationship building.

Research has shown that relationships and safety are among the most important elements in working with people, especially those who have experienced trauma (Mangione, Nadkarni, Kenkel & Peterson, 2010; Rogers, 1967). The present study shows that the difficulty of achieving valuable meetings with clients is not only due to a lack of competence. Continuous changes in the system and efficiency goals were described by the participants as contributing factors. Despite the good intentions of client participation, requirements for efficiency and an increasing time pressure appeared to have a negative effect on the health and work performance of the social workers who participated in the circle process, as well as worsening their attitudes towards clients and partners. The participants felt that little time was set aside to provide support and advice to social workers. They stated that good initiatives had low priority in the hectic work environment.

The social workers presented symptoms of burnout, as described by Maslach and Leiter (2016) and illustrated in the *power of safety* model (Lauridsen, 2020; Lauridsen & Munkejord, (in press)), lack of coping, loss of energy, commitment and enthusiasm to help and go the extra mile for clients. Among colleagues, there were different ways of dealing with this. Some participants described going into defence or self-concept mode ('us versus them'), while others isolated themselves and focused on what they had to do. Controlling behaviour and applying rules were then seen as more important, because there was a strong need to limit what one spent time on. The work environment was described as marked by collective exhaustion, with frustrations aimed in all directions, especially towards clients, but also towards management and towards colleagues who found time for things that they did not have time for themselves. One example of this was to have long conversations with clients. Many participants were constantly on alert (fight or flight), or had no energy left (Porges, 2017). The working environment had become a place where they not only had to tolerate all

the clients' negative feelings and frustrations, but also those of their colleagues. In addition, there was little opportunity to express one's own negative feelings and put words to one's frustration. The participants described how this affected their time with their family, so that finally there was nowhere to recharge their batteries. The experience of positive emotions when helping others is related to what Stamm (2010, p. 8) calls *compassion satisfaction*, which in contrast to burnout provides a feeling of mastery, sustained motivation, or even inspiration and joy resulting from emotionally demanding social work (Bride, Radey & Figley, 2007).

When clients are neither respected nor understood, this must be seen in a context where the staff, just like the clients, may be in a situation where they do not feel safe or able to cope. This means that both social workers and clients are outside their window of tolerance when they meet (Lauridsen & Munkejord, (in press)). The result is that those involved mainly focus on their own feelings and needs. Neither party has the capacity to make the other feel safe; one's relationship to oneself, to others and to the work to be done will deteriorate.

Here, the circle process can be introduced for prevention and competence building. As the participants felt safer in their role as social workers and increased their understanding of their own and others' vulnerability, they expressed better attitudes and compassion for traumatized clients. This concurs with research that shows that creating awareness and understanding of one's own emotional reactions can lead to a more understanding and compassionate way of acting in demanding and stressful situations, towards both oneself and clients (Gilbert et al., 2017; Lauridsen & Munkejord, (in press)).

The circle process enables the building of interpersonal competence and the creation of a new understanding of oneself and others, through familiarization with, reflection on and expression of thoughts, feelings and needs (Macbeth, Fine, Broadwood, Haslam & Pitcher, 2011). The participants found that the circle provided a safe space for them to reflect on their practice, work towards feeling safe, work on their own triggers and attitudes in challenging encounters and understand why they act and react as they do. In a safe space, one can express oneself, be oneself and share worries and mistakes without fear of being humiliated, ignored or judged.

Conclusion and the way forward

This study indicates that many participants experienced individual and collective vulnerability in their role as social workers, and several had symptoms of burnout, as described by Maslach and Leiter (2016). Their experiences show how time pressure and lack of coping affected their attitudes towards clients. However, it also emerged that the circle process created a safe space for social workers to learn and develop. Another study (Lauridsen & Munkejord, (in press)) found that the circle process could a) develop interpersonal competence, including an understanding of how a person is affected by and affects others in communication, b) increase stress tolerance and make it easier to be in situations that were previously overwhelming, c) enhance understanding of trauma, and d) create personal growth.

Building interpersonal competence and reducing stress will not only affect one's experience of time and the quality of one's work, it will also increase well-being and prevent burnout (Klimecki, 2019) and thus lead to better health and less sickness absence among health and social care workers. Therefore, a crucial factor may be to regularly set aside time to reflect critically on attitudes and create safe spaces to share vulnerability, both in the education and the practice of social workers.

The use of a restorative circle and a trauma-informed approach has great potential. This method could be further developed and used in encounters with people who have difficulty finding and keeping a job. Based on experience from the study, further development of the circle process has been initiated in connection with 1) leadership development (see Chapter 15), 2) support and advice to colleagues and new staff, 3) encounters with young clients in

NAV (see the comments on the chapter written by co-researchers Guro Asphaug and Gry Eikanger) and 4) a research project aiming at improving collective (self-)care for professionals in collaboration with co-researcher Anna Gundersen and RVTS (regional resource centers on violence, traumatic stress, and suicide prevention in Norway).

I would like to thank all the social workers who participated as co-researchers in this study, contributed their experiences and reflections throughout the process, and were not afraid to show and stand in their vulnerability and challenge themselves.

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Appendices

Forespørsel om deltakelse i forskningsprosjektet

Universitets-NAV *"Sirkelmetodisk gruppeveiledning"*

Bakgrunn og formål

Formålet med studien er å utvikle og evaluere et kursopplegg i sirkelbasert gruppeveiledning som metode til fire NAV-ansatte fra Tromsø og fire NAV-ansatte fra Harstad.

I denne delstudien vil vi undersøke

1) Hvordan ansatte fra NAV Harstad og NAV Tromsø opplever å bruke sirkelmetodisk gruppeveiledning,
2) Hvordan denne metoden egner seg til å skape økt forståelse i møter med unge voksne arbeidssøkeres følelser, behov og ønsker, og med deres nettverk, pårørende og samarbeidsparter.
3) På hvilken måte kan sirkelmetodisk gruppeveiledning være en egnet metode som ett av flere verktøy i et 'supported employment'- opplegg for unge voksne?

Metoden og gruppearbeidets utvikling i møtene beskrives og de NAV ansattes erfaringer fra resultater etter et år vil inngå i evalueringen.

Det er også et klart mål at bruk av denne metoden skal

1) gi forståelse, toleranse og praktisk kunnskap om konflikter, mestring og stress hos NAV-ansatte i ulike situasjoner og på ulike arenaer
2) gi forståelse og kunnskap om forutsetninger for et godt arbeidsmiljø ved NAV-kontorene.

Prosjektet er et delprosjekt i UniversitetsNAV UiT, Institutt for Barnevern og sosiale fag, samt en del av doktorgradsstudien 'Utvikling av undervisningsformer/pedagogisk praksis i helsefag' ved institutt for helsefag og omsorg.

Hva innebærer deltakelse i studien?

Hovedtrekkene i studien vil bestå av en innføring på ca. 2 timer og deretter en opplæring som består av to samlinger á 3 dager høsten 2017 og våren 2018 (en samling i Harstad og en i Tromsø).

Organiseringen og gjennomføringen av gruppeveiledningen vil følge et veldokumentert opplegg i innhold og form for nettopp å nå målgruppen, unge arbeidssøkende.

I oppstarten av opplegget vil alle deltakerne inviteres til

1) Å fortelle om deres erfaringer med veiledning av unge i en sårbar livssituasjon
2) Forventninger til kursopplegget som ett av flere grunnlag for både følge- og sluttevaluering.

Sirkelopplæring

Kommunikasjon og konfliktforståelse

Megling

Hvordan bruke sirkel til refleksjon/gruppeveiledning

Etter et år vil det arrangeres oppfølgingssamlinger med deltakerne for å styrke læringseffekten av opplæringen og for å samtale om erfaringer med bruk av den nye metodikken i ens arbeid som NAV-ansatt, og da særlig med tanke på erfaringene med å bistå unge voksne ut i arbeid.

Datainnsamling: Spørreundersøkelser, intervju og deltakende observasjon.

Opplysninger som innhentes vil omhandle: Opplevelse av gruppeveiledning som metode til å redusere manglende mestring og stress, økt forståelse og trygghet i møte med 1. mennesker som trenger bistand, 2. pårørende, 3. kolleger og 4. samarbeidspartnere,

Data vil registreres i form av notater og eventuelle lyd og filmopptak.

Hva skjer med informasjonen om deg?

Vi har taushetsplikt. Alle personopplysninger vil bli behandlet konfidensielt. Vi vil ikke lagre personopplysninger slik at du kan identifiseres. Ingen andre enn oss og våre veiledere på universitetet vil ha tilgang til det vi skriver. Veilederne vil ikke ha tilgang til navn. Eventuelle lyd- og video-opptak vil bare vi ha tilgang til, med mindre noe annet er avklart med dere. Alle

data blir lagret på universitetets lukkete område uten navn. Hvis korrespondanse på mail inneholder sensitive opplysninger, vil dette bli slettet straks vi har registrert innholdet - og uten bruk av navn. Vi vil lage en manuell koblingsnøkkel til navnene som oppbevares nedlåst på universitetet, og som slettes ved prosjektets avslutning i 2021.

Frivillig deltakelse
Det er frivillig å delta i studien, og du kan når som helst trekke ditt samtykke uten å oppgi noen grunn. Dersom du trekker deg, vil alle opplysninger om deg bli anonymisert.

Dersom du har spørsmål til studien, ta kontakt med prosjektledere;

Phd-student … (navn, telefon, epost) eller

Bi-veileder … (navn, telefon, epost)

Studien meldes til Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS.

Samtykke til deltakelse i studien

Jeg har mottatt informasjon om studien, og er villig til å delta

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(Signert av prosjektdeltaker, dato)

Forespørsel om deltakelse i forskningsprosjektet
Tromsprodukt *"Sirkelmetodisk gruppeveiledning"*

Bakgrunn og formål

Formålet med studien er å utvikle og evaluere et kursopplegg i sirkelbasert gruppeveiledning som kan brukes til å styrke personlig og mellommenneskelig kompetanse.

I denne delstudien vil vi undersøke

4) Hvordan ansatte fra Tromsprodukt opplever å bruke sirkelmetodisk gruppeveiledning,
5) Hvordan denne metoden egner seg til å skape økt forståelse i møter med unge voksne arbeidssøkeres følelser, behov og ønsker, og med deres nettverk, pårørende og samarbeidsparter.
6) På hvilken måte kan sirkelmetodisk gruppeveiledning være en egnet metode som ett av flere verktøy i et 'supported employment'- opplegg for unge voksne?

Metoden og gruppearbeidets utvikling i møtene beskrives og de ansattes erfaringer fra resultater etter et år vil inngå i evalueringen.

Det er også et klart mål at bruk av denne metoden skal

3) gi forståelse, toleranse og praktisk kunnskap om konflikter, mestring og stress hos ansatte i ulike situasjoner og på ulike arenaer.
4) gi forståelse og kunnskap om forutsetninger for et godt arbeidsmiljø.

Studien er en del av doktorgradsstudien 'Utvikling av undervisningsformer/pedagogisk praksis i helsefag' ved institutt for helsefag og omsorg.

Hva innebærer deltakelse i studien?

Hovedtrekkene i studien vil bestå av en innføring på ca. 2 timer og deretter en opplæring som består av to samlinger á 3 dager våren 2018.

Organiseringen og gjennomføringen av gruppeveiledningen vil følge et veldokumentert opplegg i innhold og form.

I oppstarten av opplegget vil alle deltakerne inviteres til

3) Å fortelle om deres erfaringer med veiledning av unge i en sårbar livssituasjon, utfordringer knyttet til psykisk helse eller rus.
4) Forventninger til kursopplegget som ett av flere grunnlag for både følge- og sluttevaluering.

Sirkelopplæring

Kommunikasjon og konfliktforståelse

Megling

Hvordan bruke sirkel til refleksjon/gruppeveiledning

Etter et år vil det arrangeres oppfølgingssamling med deltakerne for å styrke læringseffekten av opplæringen og for å samtale om erfaringer med bruk av den nye metodikken i praksis Datainnsamling: Spørreundersøkelser (før og etter), fokusgruppeintervju (underveis og etter), individuelle intervju (etter).

Opplysninger som innhentes vil omhandle: Opplevelse av gruppeveiledning som metode til å redusere manglende mestring og stress, økt forståelse og trygghet i møte med 1. mennesker som trenger bistand, 2. pårørende, 3. kolleger og 4. samarbeidspartnere,

Data vil registreres i form av notater og eventuelle lyd og filmopptak.

Opplysninger som innhentes vil omhandle: Opplevelse av gruppeveiledning som metode til å redusere manglende mestring og stress, økt forståelse og trygghet i møte med 1. mennesker som trenger bistand, 2. pårørende, 3. kolleger og 4. samarbeidspartnere,

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Hva skjer med informasjonen om deg?
Vi har taushetsplikt. Alle personopplysninger vil bli behandlet konfidensielt. Vi vil ikke lagre personopplysninger slik at du kan identifiseres. Ingen andre enn oss og våre veiledere på

universitetet vil ha tilgang til det vi skriver. Veilederne vil ikke ha tilgang til navn. Eventuelle lyd- og video-opptak vil bare vi ha tilgang til, med mindre noe annet er avklart med dere. Alle data blir lagret på universitetets lukkete område uten navn. Hvis korrespondanse på mail inneholder sensitive opplysninger, vil dette bli slettet straks vi har registrert innholdet - og uten bruk av navn. Vi vil lage en manuell koblingsnøkkel til navnene som oppbevares nedlåst på universitetet, og som slettes ved prosjektets avslutning i 2021.

Frivillig deltakelse
Det er frivillig å delta i studien, og du kan når som helst trekke ditt samtykke uten å oppgi noen grunn. Dersom du trekker deg, vil alle opplysninger om deg bli anonymisert.

Dersom du har spørsmål til studien, ta kontakt med prosjektleder;

Phd-student… (navn, telefon, epost)

Studien meldes til Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS.

Samtykke til deltakelse i studien

Jeg har mottatt informasjon om studien, og er villig til å delta

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(Signert av prosjektdeltaker, dato)

Forespørsel om deltakelse i forskningsprosjektet

Sykepleierstudenter *"Sirkelmetodisk gruppeveiledning"*

Bakgrunn og formål

Formålet med studien er å utvikle og evaluere et kursopplegg i sirkelbasert gruppeveiledning som kan brukes til å styrke personlig og mellommenneskelig kompetanse.

I denne delstudien vil vi undersøke

7) Hvordan sykepleierstudenter opplever å bruke sirkelmetodisk gruppeveiledning,
8) Hvordan denne metoden egner seg til å skape økt forståelse i møter pasienters følelser, behov og ønsker, og med deres nettverk, pårørende og samarbeidsparter.

Metoden og gruppearbeidets utvikling i møtene beskrives og studentenes erfaringer underveis og etter et år vil inngå i evalueringen.

Det er også et klart mål at bruk av denne metoden skal

5) gi forståelse, toleranse og praktisk kunnskap om konflikter, mestring og stress i ulike situasjoner og på ulike arenaer
6) gi forståelse og kunnskap om forutsetninger for et godt studie og arbeidsmiljø.

Prosjektet er et delprosjekt i doktorgradsstudien 'Utvikling av undervisningsformer/pedagogisk praksis i helsefag' ved institutt for helsefag og omsorg.

Hva innebærer deltakelse i studien?

Hovedtrekkene i studien vil bestå av workshop (Del 1 av sirkelveiledning); 4 samlinger totalt 13 timer (våren 2018) i tilknytning til veiledning når studentene er i praksis i rus og psykiatrien. Organiseringen og gjennomføringen av gruppeveiledningen vil følge et veldokumentert opplegg i innhold og form.

I oppstarten av opplegget vil alle deltakerne inviteres til

5) Å fortelle om deres erfaringer fra møte med mennesker i en sårbar livssituasjon
6) Forventninger til kursopplegget som ett av flere grunnlag for både følge- og sluttevaluering.

Sirkelopplæring

Del 1: Kommunikasjon og konfliktforståelse

Del 2: Megling

Del 3: Hvordan bruke sirkel til refleksjon/gruppeveiledning

Etter et år vil det arrangeres oppfølgingssamling med deltakerne for å styrke læringseffekten av opplæringen og for å samtale om erfaringer med bruk av den nye metodikken i praksis

Datainnsamling: Spørreundersøkelser (før og etter), fokusgruppeintervju (underveis og etter), individuelle intervju (etter).

Opplysninger som innhentes vil omhandle: Opplevelse av gruppeveiledning som metode til å redusere manglende mestring og stress, økt forståelse og trygghet i møte med 1. mennesker som trenger bistand, 2. pårørende, 3. kolleger og 4. samarbeidspartnere,

Data vil registreres i form av notater og eventuelle lyd og filmopptak.

Hva skjer med informasjonen om deg?
Vi har taushetsplikt. Alle personopplysninger vil bli behandlet konfidensielt. Vi vil ikke lagre personopplysninger slik at du kan identifiseres. Ingen andre enn oss og våre veiledere på universitetet vil ha tilgang til det vi skriver. Veilederne vil ikke ha tilgang til navn. Eventuelle lyd- og video-opptak vil bare vi ha tilgang til, med mindre noe annet er avklart med dere. Alle data blir lagret på universitetets lukkete område uten navn. Hvis korrespondanse på mail inneholder sensitive opplysninger, vil dette bli slettet straks vi har registrert innholdet - og uten

bruk av navn. Vi vil lage en manuell koblingsnøkkel til navnene som oppbevares nedlåst på universitetet, og som slettes ved prosjektets avslutning i 2021.

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PhD student (Navn, epost, telefon)

Studien meldes til Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS.

Samtykke til deltakelse i studien

Jeg har mottatt informasjon om studien, og er villig til å delta

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(Signert av prosjektdeltaker, dato)

Spørreskjema

1. Hvordan opplever du din egen kompetanse på å håndtere vanskelige konflikter/utfordrende samtaler?

1 ---------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 ---------- 8 --------- 9 --------- 10

Meget lav   Meget høy

(Usikker i de fleste konflikter)   (Aldri usikker i konflikter)

2. Hvor trygg føler du deg i kommunikasjon med:

Klienter/brukere

 1 ---------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Meget utrygg   **Meget trygg**

Pårørende

 1 ---------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Meget utrygg   **Meget trygg**

Kollegaer

 1 ---------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Meget utrygg   **Meget trygg**

Leder/Ledelse

 1 ---------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Meget utrygg   **Meget trygg**

Samarbeidsparter

 1 ---------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Meget utrygg   **Meget trygg**

3. **Følelser du opplever i vanskelige konflikter i din jobbsituasjon nå (sett gjerne mange kryss):**

	Brukere	Pårørende	Kollegaer	Leder/ledelse	Samarbeidsparter
Følelsesmessig aktivert					
Åpen og nysgjerrig					
Sansene er redusert (hørsel og/eller syn)					
Anspent og/eller skjelver					
Trygg					
Kopler meg ut					
Går i forsvar					
Tankekjør					
Flat					
Tilstedeværelse					
Føler meg truet					
Tappet for energi					
Stenger av					
Følelsesmessig overveldet					
Reagerer i samsvar med situasjonen					
Redusert fysisk bevegelighet					
Utrygg					
Empati					
Tenker uklart					

Tankene går i sirkel					
Følelse av å ikke være tilstede					
På vakt/sensitiv på lyd, bevegelse					
Forsvarsløs/maktesløs					
Passiv					
Impulsiv					
Følelsesmessig nummen					
Vanskelig å si nei					
Sinne/Irritasjon					
Tenker klart/ Tilgang til følelser og tanker samtidig					
Ingen kontakt med følelser					
Skamfull					
Oppmerksom på egne og andres grenser					

Kommentarer til spørreskjema/annet:

Appendix 3: Quantitative findings in all three sunstodies

	Substudy 1 pre	Substudy 1 post	Substudy 2 pre	Substudy 2 post	Substudy 3 pre	Substudy 3 post
Competence in conflict resolution	6,4	7,9 (1,5)	6,9	7,2 (0,3)	5,0	5,7 (0,7)
Confidence with Service users/pasients	7,3	8,5 (1,2)	7,8	8,0 (0,2)	6,1	7,3 (1,2)
Confidence with Careers	6.4	8.5 (1,6)	7,0	7,4 (0,4)	4,2	6,1 (1,9)
Confidence with Colleagues	7,4	8.5 (1,1)	8,2	8,2 (0,0)	5,9	7,2 (1,3)
Confidence with Leader	6,6	8,3(1,7)	7,6	7,4 (-0,2)	5,2	6,7 (1,5)
Confidence with Collaborators	7,1	7,9 (0,8)	6,9	7,4 (0.5)	5,1	5,9 (0.8)
Hyperaroused in challenging communication	39.2%	25.5 %	30.4%	24.5%	41.7%	30.3%
In window of toleranse in challenging communication	36.3%	55.3%	50.4%	50.7%	35.2%	47.7%
Hypoaroused in challenging communication	21.1%	19.2%	19.2%	24.1%	23.1%	20.2%

when you write in this reflection books, write whatever comes to mind about working in a circle and how what we have worked with can be used in or give new thoughts about practice. Nothing is stupid and the more honest and open you are about both positive and negative thoughts the better"

1. How do you experience the circle process?

Learning in a circle

Participation (talking piece, equality, being able to pass, etc.)

Sharing personal and difficult feelings

Reflection in the group

The exercises

What are the important characteristics of facilitators for you to be confident in sharing and participating in a circle?

2. What impact does the circle process have on you?

Meaning for

a) own personal competence

b) interpersonal competence

c) stress tolerance

d) understanding of others' feelings / perspectives / actions

3. Can competence in communication and conflict management have an impact on security in collaboration with?

a) clients

b) relatives

c) colleagues

d) in collaboration with other professionals

4. Where and how do we develop competence in conflict situations?

5. Where have you learned / developed personal competence in conflict management before (Growing up, education, etc.)?

6. What and how would you like to have learned more about communication, collaboration, and conflict resolution in education /further education)?

1) Can conflict understanding/Restorative circle processes (if yes how)

    a) Prevent/reduce stress?

    b) Increase interpersonal competence?

2) Who takes care of the helper?

3) Why does resistance to learning arise ... change, and how can this resistance be expressed in practice?

Appendix 6: Example of the thematic analysing process

Conflict resolution competence	Active listening	**Awareness of self and others**	"What I bring in to the conversation"
	Expressing emotions and needs		"What version I am of myself"
			"How I react in a situation"
	Recognizing communalities		"What words I use and how I say it, how it is perceived"
			"How important it is also to be silent in a conversation".
Interpersonal competence	Awareness		"I dared to let people in, the service users full and whole story or sentences, that I dared to shut up, dared to hear them out"
	Open-minded		"change in my understanding of other people's feelings, perspectives and actions"
	Empathy and compassion towards self		
	stress tolerance	**Security and stress management**	"become more secure in communication and conflict management"
	Security		"I have had a greater peace of mind"
			"More calm"
			"keep the dialogue going without putting up barriers"
			"My stress tolerance has increased considerably. I am more patient I stress less in conflicts"
			expand your window of tolerance, because you gain awareness of why you act like you do
	Empowerment	**Responding to vulnerability instead of challenging behavior**	"I think we tend to put some users in boxes where "some are difficult users""
	Empathy and compassion towards others		"I have gained more understanding, instead of saying "he is a buzz" I think a little more, why is he angry?"
			"Then you don't see someone as rude, but as a person who has a really really hard time"
	Trauma understanding		"I have gained a broader understanding that people can act with unwanted behavior based on despair, experiencing helplessness and the importance of meeting those with conflict-relieving communication"
			"I find that we, who have participated, at least now, understand that there is an underlying cause for behavior"
			"to see and understand that we feel a need to protect ourselves when we are vulnerable, and so do the service users"
Personal competence	Self-changes (feeling, thinking and relating)	**Courage and security to move towards self-reflexivity**	"I've been given the opportunity to challenge myself in a safe environment. Initially I have always wanted to avoid such challenges. I have probably been anxious not to master it and wanted to avoid the discomfort of feeling stress. Personally, it has been very educational and I feel that I have developed myself and my personal skills"
	Affective and moral understanding		"The more knowledge you have about things, the more confident you are, security is something that brings down stress and the more you know yourself, such as when we worked in a circle, that getting to know myself was very important"
			"I think it is very exciting, to go into oneself first, in the next moment it opens up a room for being able to see others"

Appendix 7: Example of the thematic analysing process

At folk får trom til å si hva de føler og tenker om sin rolle

Felles forståelse

Hvorfor gjør jeg som jeg gjør

Kjenne seg selv

Behov for å reflektere over egne følelser og holdninger

Satt frustrasjon i system, så det ikke bidra til negativt syn på og sinn på klienter og ledelse

Hvorfor reagerer jeg som jeg gjør

Veiledning på veilederrollen

Hvorfor er jeg så redd for konflikter og ta telefonen

Makt/kontroll, konsekvenser/straff

Reflekter over fordomme og praksis

Slippe å bli redd

Jobbe med den her måte å forstå og snakke om andre

Trygg på tankesettet og metoden

Slippe å kjenne han der dusten

Mindre redd, møte folk før de eksploderer

Det å være veileder, dine følelser

Traumeforstå else

Hva skjedde egentlig

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